

# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 75ft End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS	
Start Lofting	End Same
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack End Same	

DESCRIBE PLUME BACKGROUND	
Start Tree Hillside	End Same
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Cloudy End Same
WIND SPEED Start 4-6 mph End Same	WIND DIRECTION Start South End Same
AMBIENT TEMP Start 41°F End 42°F	WET BULB TEMP 38°F
	RH. percent 88%

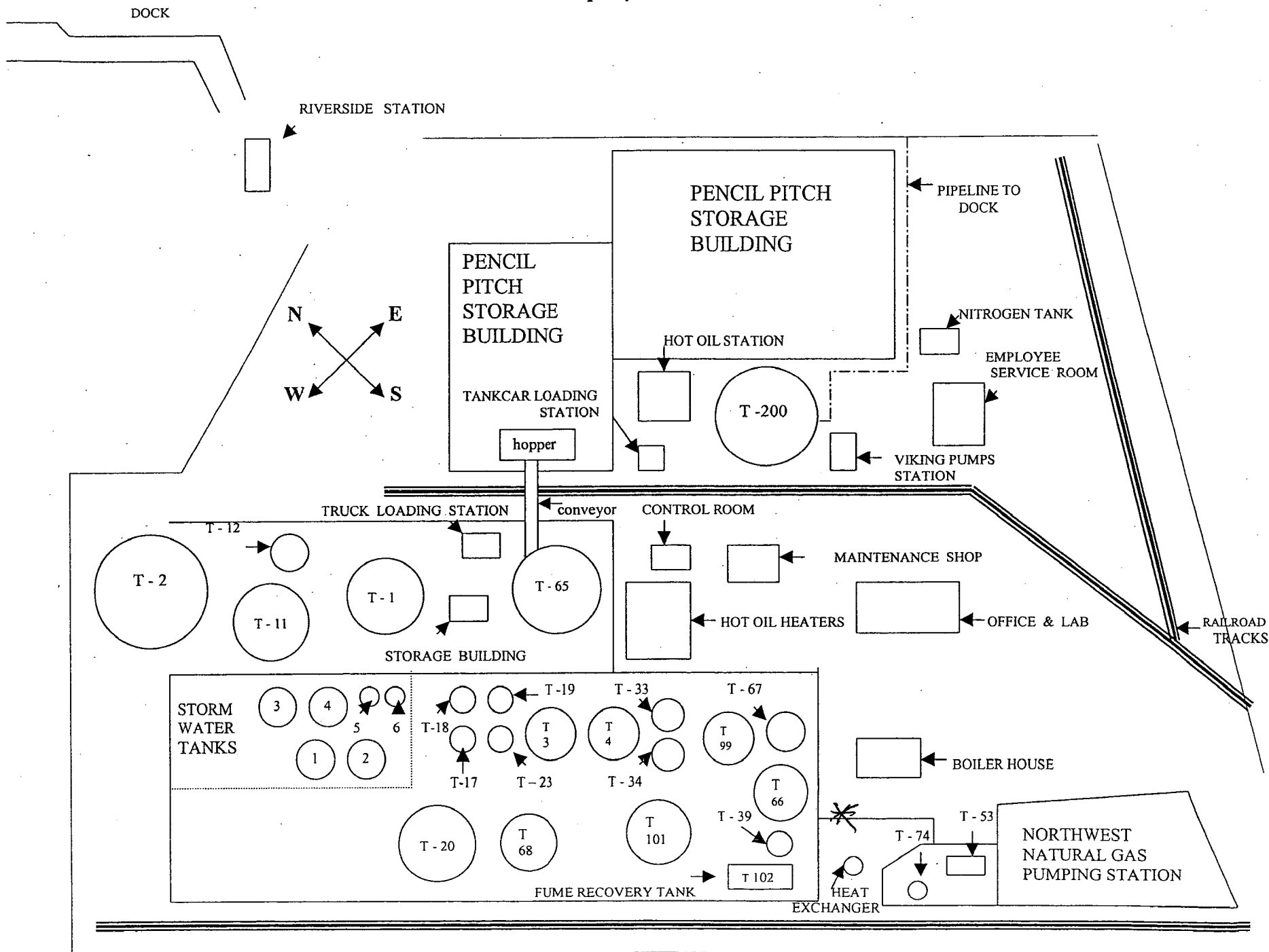
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION Light Hitch Truck loading
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OBSERVATION DATE 3-20-08		START TIME 0645				END TIME 0651
SEC	0	15	30	45	COMMENTS	
1	10	10	10	10		
2	10	15	15	10		
3	10	10	15	10		
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5	10	10	15	10		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert 1517	DATE 3-20-08
OBSERVER'S SIGNATURE <i>[Signature]</i>	DATE 3-20-08
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-14-08
CONTINUED ON VEO FORM NUMBER	

# Property Site Plan





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start End	DIRECTION FROM OBSERVER Start End

DESCRIBE EMISSIONS	
Start <i>Coming</i>	End <i>Same</i>
EMISSION COLOR Start <i>White</i> End <i>Same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>1 ft above and right of stack</i> End	

DESCRIBE PLUME BACKGROUND	
Start <i>Trees/Hillsides</i> End <i>Same</i>	
BACKGROUND COLOR Start <i>Green</i> End <i>Same</i>	SKY CONDITIONS Start <i>Clouds</i> End <i>Same</i>
WIND SPEED Start <i>7-10 mph</i> End <i>Same</i>	WIND DIRECTION Start <i>South</i> End <i>Same</i>
AMBIENT TEMP Start <i>38°F</i> End <i>Same</i>	WET BULB TEMP Start <i>34°F</i> End <i>Same</i>
	RH, percent Start <i>84%</i> End <i>Same</i>

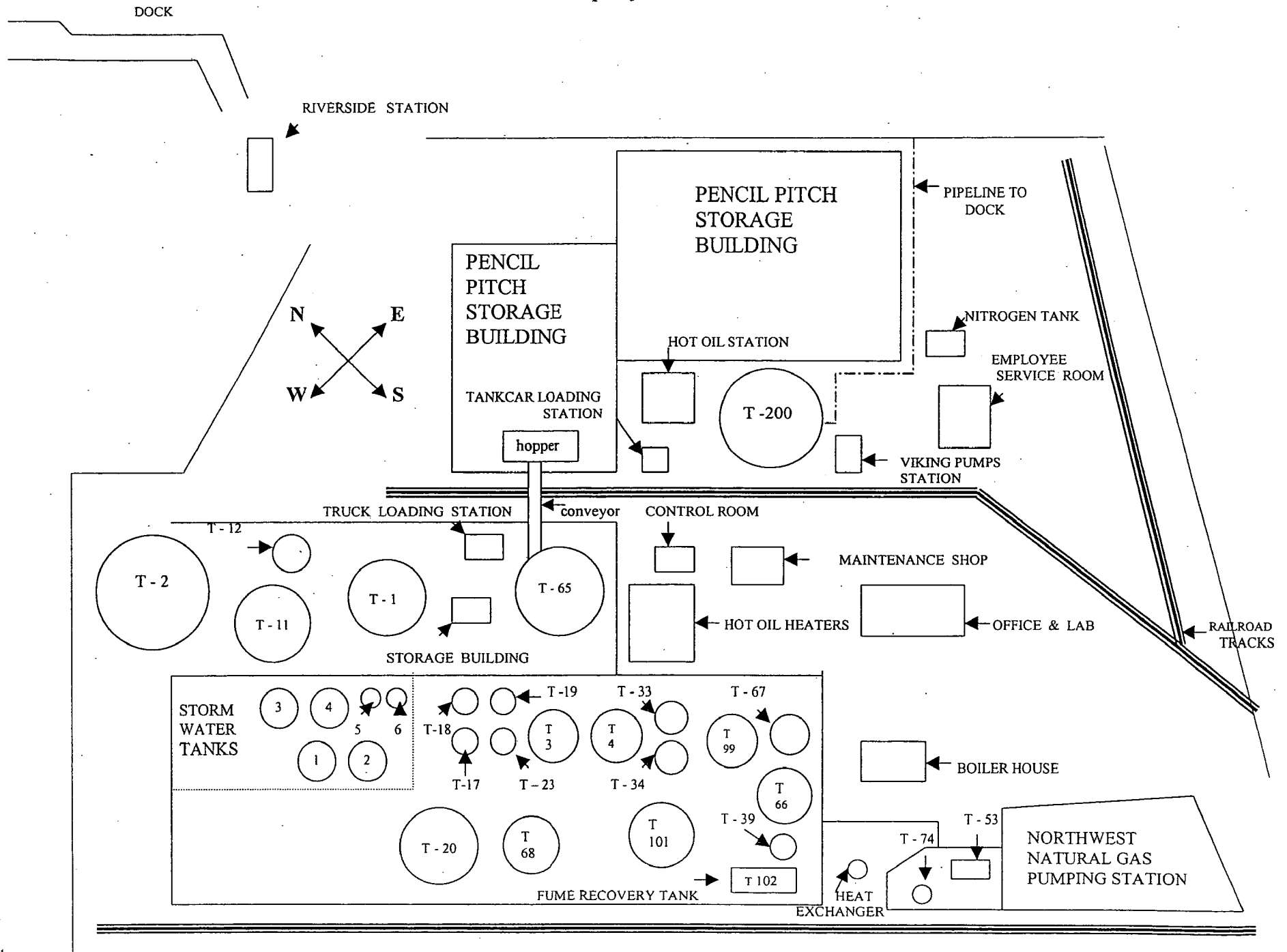
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION <i>Tank car loading</i>
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OBSERVATION DATE <i>Apr 21 08</i>		START TIME <i>0710:3</i>				END TIME <i>0717</i>
SEC	0	15	30	45	COMMENTS	
1	15	15	15	15		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	DATE <i>4-21-08</i>
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE <i>3-17-08</i>
CONTINUED ON VED FORM NUMBER	

# Property Site Plan



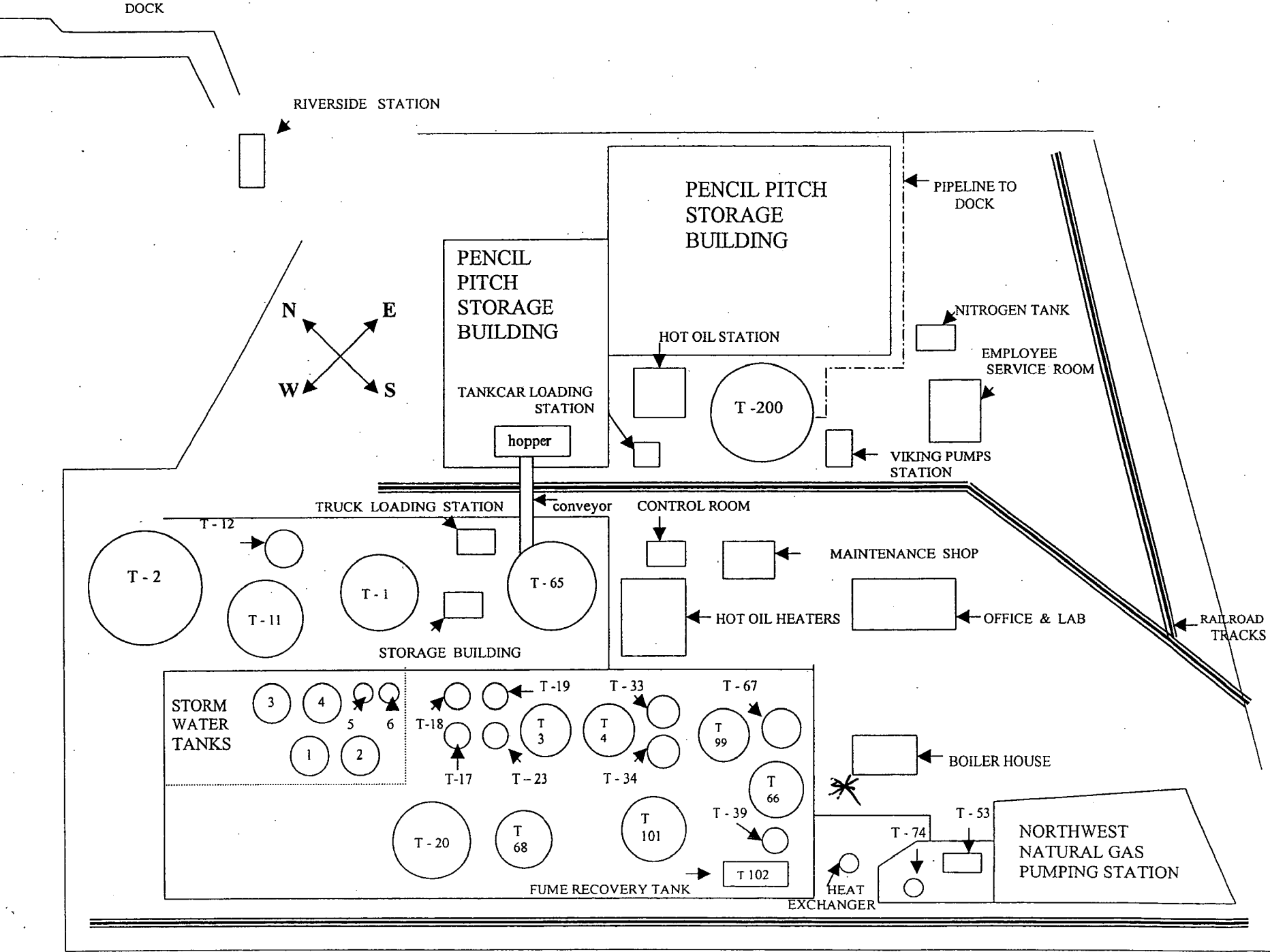
# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.	
STREET ADDRESS 7540 N.W. St. Helens Rd.	
CITY Portland	STATE OR
PHONE (KEY CONTACT) 503-286-3681	ZIP 97210
PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start End	DIRECTION FROM OBSERVER Start End
DESCRIBE EMISSIONS Start <i>Lefting</i> End <i>Same</i>	
EMISSION COLOR Start <i>White</i> End <i>Same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>1 ft above stack</i> End <i>Same</i>	
DESCRIBE PLUME BACKGROUND Start <i>Truss Hillside</i> End <i>Same</i>	
BACKGROUND COLOR Start <i>Green</i> End <i>Same</i>	SKY CONDITIONS Start <i>Clear</i> End <i>Same</i>
WIND SPEED Start <i>Calm</i> End <i>Same</i>	WIND DIRECTION Start <i>—</i> End <i>—</i>
AMBIENT TEMP Start <i>80°F</i> End <i>Same</i>	WET BULB TEMP 48°F
	RH, percent 54%
<div style="display: flex; justify-content: space-between;"> <div> <p>Stack with Plume </p> <p>Sun </p> <p>Wind </p> </div> <div> <p>SOURCE LAYOUT SKETCH</p> <p>Observer's Position</p> <p>140°</p> <p>Sun Location Line</p> </div> <div> <p>Draw North Arrow </p> </div> </div>	
ADDITIONAL INFORMATION <i>Truck Loading</i>	

OBSERVATION DATE 6-18-08		START TIME 0630		END TIME 0637	
SEC	0	15	30	45	COMMENTS
1	5	5	5	5	
2	5	5	5	5	
3	5	10	10	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517					
OBSERVER'S SIGNATURE					DATE 6-18-08
ORGANIZATION Koppers Inc.					
CERTIFIED BY Yakima Clean Air Authority					DATE 7-30-08
CONTINUED ON VEO FORM NUMBER					

Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 27ft. End Same
DISTANCE FROM OBSERVER Start 90ft End Same	DIRECTION FROM OBSERVER Start South End Same

DESCRIBE EMISSIONS Start Letting End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack 1ft End Same	

DESCRIBE PLUME BACKGROUND Start Trees/Hillside End Same	
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Overcast End Same
WIND SPEED Start 3 mph End Same	WIND DIRECTION Start West End Same
AMBIENT TEMP Start 58°F End 58°F	WET BULB TEMP RH. percent 46°F 60%

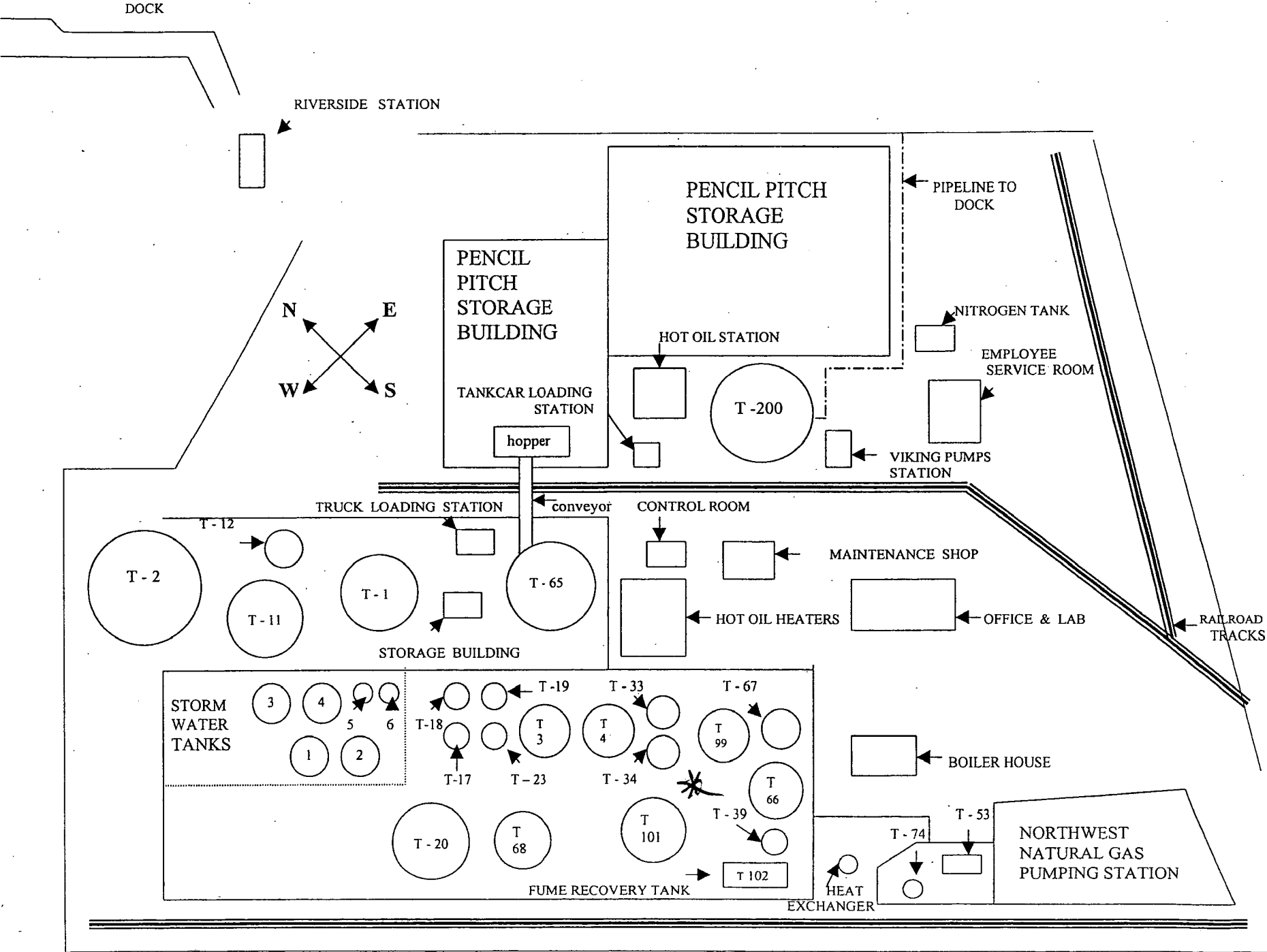
Stack with Plume	
Sun	
Wind	
SOURCE LAYOUT SKETCH. Draw North Arrow	
<p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> <p>Observer's Position</p> <p>140°</p> <p>Sun Location Line</p>	

ADDITIONAL INFORMATION Big Pitch Truck Loading
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OBSERVATION DATE 7-23-08		START TIME 0625		END TIME 0631	
SEC	0	15	30	45	COMMENTS
1	5	5	5	5	
2	10	5	5	5	
3	5	10	10	10	
4	5	5	10	5	
5	10	10	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 7-23-08
OBSERVER'S SIGNATURE 	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-11-08
CONTINUED ON VED FORM NUMBER	

Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

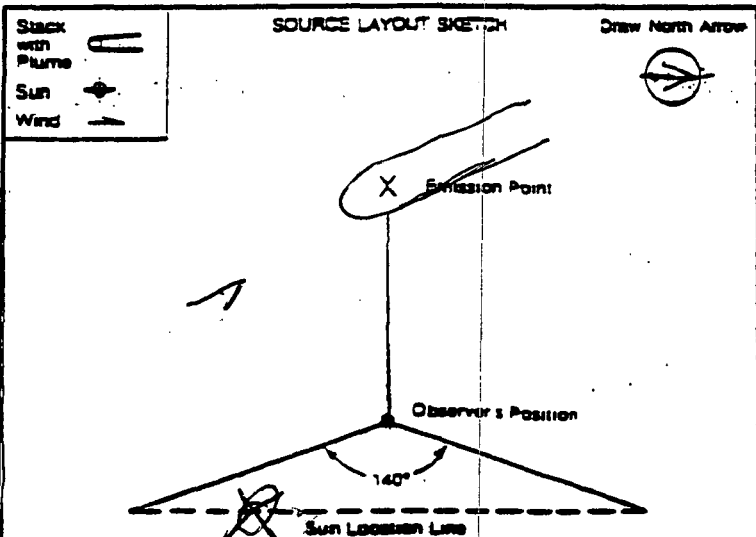
COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 75ft End Same	DIRECTION FROM OBSERVER Start WSW End Same

DESCRIBE EMISSIONS Start Lot Time End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top 10 Right As Start End Same	

DESCRIBE PLUME BACKGROUND Start Hillsides North End Same	
BACKGROUND COLOR Start Grey End Same	SKY CONDITIONS Start Cloudy End Same
WIND SPEED Start 3 mph End Same	WIND DIRECTION Start SE End Same
AMBIENT TEMP Start 35°F End Same	WET BULB TEMP RH, percent Start 32°F End 80



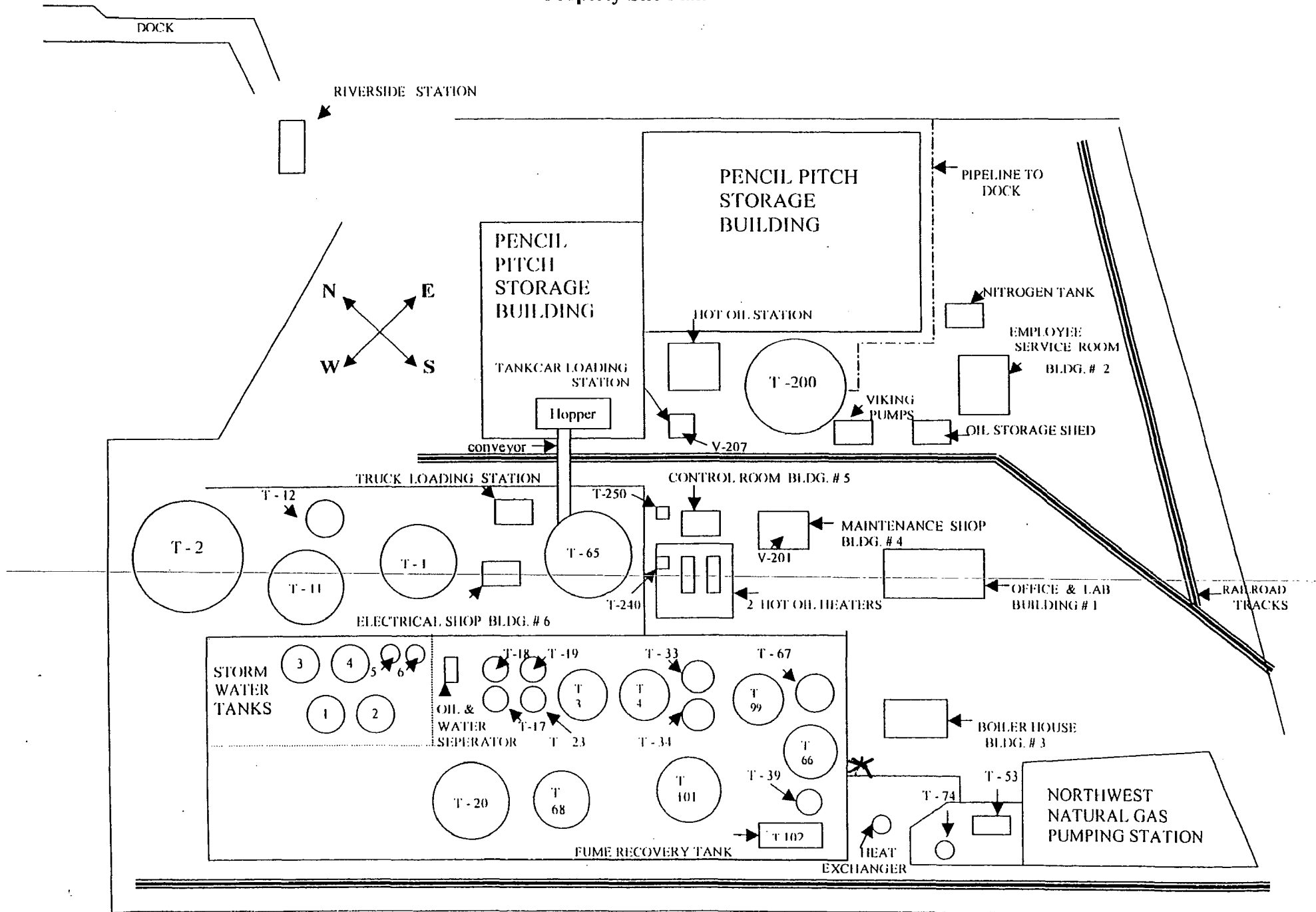
ADDITIONAL INFORMATION
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OBSERVATION DATE 1-19-07				START TIME 0715	END TIME 0722
MIN	0	15	30	45	COMMENTS
1	5	55	5		
2	10	55	5		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert. 1517	DATE 1-19-07
OBSERVER'S SIGNATURE <i>[Signature]</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-30-07

CONTINUED ON YEO FORM NUMBER

# Property Site Plan





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>		
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>		
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97210</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID NUMBER <b>26-2930</b>	

PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>same</b>
DISTANCE FROM OBSERVER Start <b>60ft</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>W45T</b> End <b>same</b>

DESCRIBE EMISSIONS Start <b>lot of spray</b> End <b>same</b>	
EMISSION COLOR Start <b>white</b> End <b>same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of stack 1st</b> End <b>same</b>	

DESCRIBE PLUME BACKGROUND Start <b>Hillside trees</b> End <b>same</b>	
BACKGROUND COLOR Start <b>BRN GRN</b> End <b>same</b>	SKY CONDITIONS Start <b>partly cloudy</b> End <b>same</b>
WIND SPEED Start <b>3 mph</b> End <b>same</b>	WIND DIRECTION Start <b>SE</b> End <b>same</b>
AMBIENT TEMP Start <b>37°F</b> End <b>38°F</b>	WET BULB TEMP <b>34°</b>
RH. percent <b>90%</b>	

Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Observer's Position

Sun Location

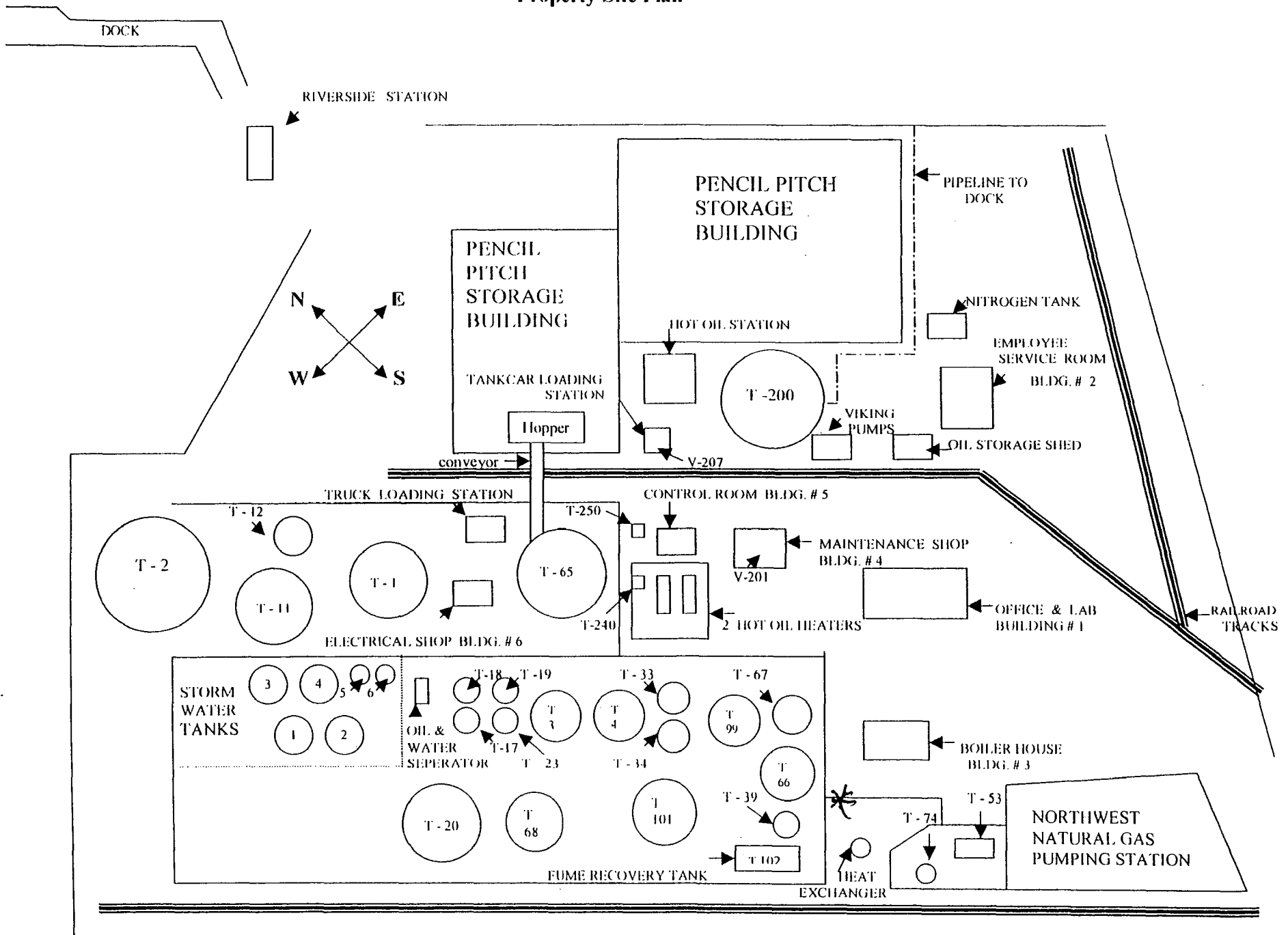
Draw North Arrow

ADDITIONAL INFORMATION <b>Liquid Pitch Truck loading</b>
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OBSERVATION DATE				START TIME	END TIME
2-21-07				0720	0727
SEC	0	15	30	45	COMMENTS
MIN					
1	10	10	10	10	
2	15	15	10	5	
3	5	5	5	5	
4	5	10	10	10	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>		DATE <b>2-21-07</b>
OBSERVER'S SIGNATURE 		
ORGANIZATION <b>Koppers Inc.</b>		
CERTIFIED BY <b>Yakima Clean Air Authority</b>		DATE <b>3-30-07</b>
CONTINUED ON VED FORM NUMBER		

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End same

DISTANCE FROM OBSERVER  
Start 70ft End same

DIRECTION FROM OBSERVER  
Start West End same

DESCRIBE EMISSIONS  
Start *Lighting* End *same*

EMISSION COLOR  
Start *White* End *same*

IF WATER DROPLET PLUME  
Attached ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start *Top of Stack* End *same*

DESCRIBE PLUME BACKGROUND  
Start *Trees/Hillside* End

BACKGROUND COLOR  
Start *Gray* End *same*

SKY CONDITIONS  
Start *overcast* End *same*

WIND SPEED  
Start *Calor* End *same*

WIND DIRECTION  
Start *Calor* End *same*

AMBIENT TEMP  
Start *43°F* End *same*

WET BULB TEMP  
Start *38°F* End *same*

RH, percent  
Start *85%* End *same*

SOURCE LAYOUT SKETCH

Draw North Arrow

Stack with Plume

Sun

Wind

Emission Point

Observer's Position

140°

Sun Location Line

ADDITIONAL INFORMATION  
*Liquid Pitch Truck Loading*

OBSERVATION DATE 3/27/07				START TIME 0638	END TIME 0645
MIN	0	15	30	45	COMMENTS
1	5	10	10	10	
2	10	10	10	10	
3	5	5	5	5	
4	3	10	5	10	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert. 1517

OBSERVER'S SIGNATURE  
*[Signature]*

DATE  
3/29/07

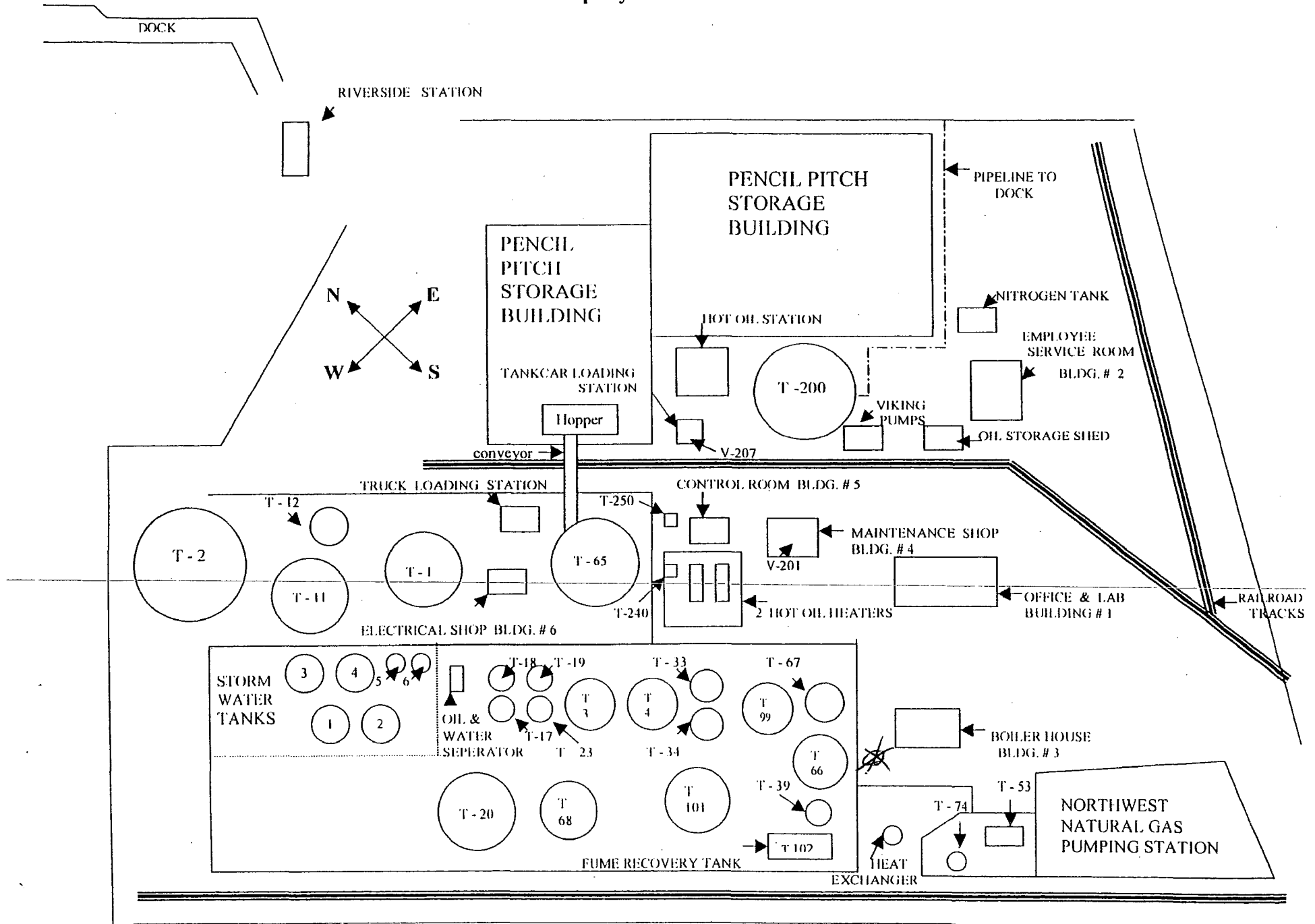
ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
7/30/07

CONTINUED ON VED FORM NUMBER

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End same

DISTANCE FROM OBSERVER  
Start 80 FT End same

DIRECTION FROM OBSERVER  
Start West End same

DESCRIBE EMISSIONS  
Start *Lighting* End same

EMISSION COLOR  
Start *White* End same

IF WATER DROPLET PLUME  
Assigned ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start *Above Stack* End same

DESCRIBE PLUME BACKGROUND  
Start *Trees Hillside* End same

BACKGROUND COLOR  
Start *Green* End same

SKY CONDITIONS  
Start *Cloudy* End same

WIND SPEED  
Start *1 mph* End same

WIND DIRECTION  
Start *5-5e* End same

AMBIENT TEMP  
Start *50°F* End *61°F*

WET BULB TEMP  
Start *43°F* End *75°F*

RH, percent

Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Draw North Arrow

Emission Point

Observer's Position

140°

Sun Location Line

ADDITIONAL INFORMATION  
*Loading Light Trucks*

OBSERVATION DATE		START TIME		END TIME		
4-24-07		0630		0636		
MIN	SEC	0	15	30	45	COMMENTS
1	10	10	10	10		
2	10	15	10	10		
3	5	5	5	5		
4	5	10	10	10		
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert. -1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

DATE  
4-24-07

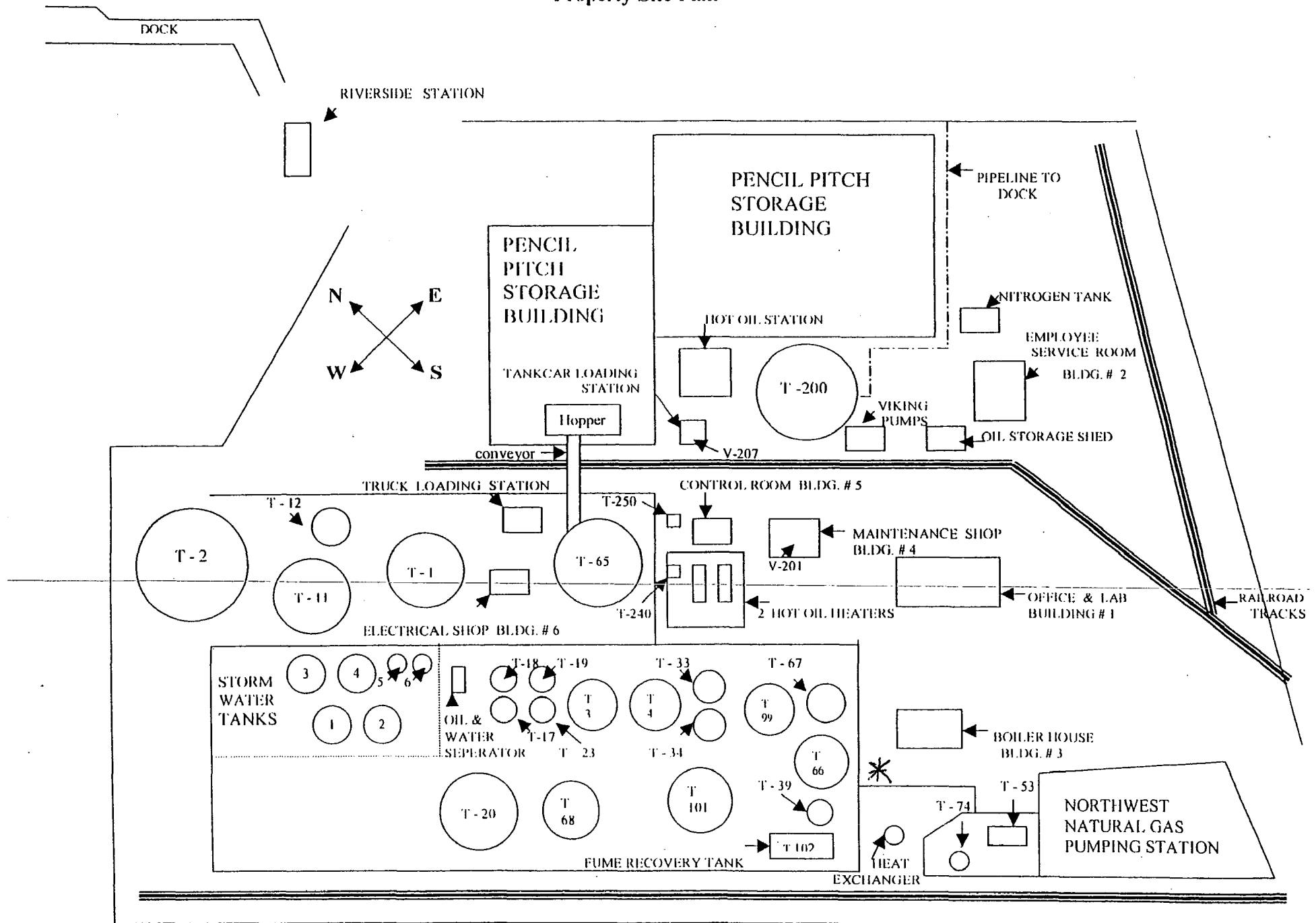
ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
9-30-07

CONTINUED ON VEO FORM NUMBER

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 70 ft End Same	DIRECTION FROM OBSERVER Start WNW End Same

DESCRIBE EMISSIONS Start fumigating End Same	
EMISSION COLOR Start white End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of stack End Same	

DESCRIBE PLUME BACKGROUND Start Trees/Hillside End Same	
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Sunny End Same
WIND SPEED Start calm End Same	WIND DIRECTION Start North End Same
AMBIENT TEMP Start 45°F End Same	WET BULB TEMP 41°F
	RH. percent 79%

Stack with Plume	SOURCE LAYOUT SKETCH Draw North Arrow
Sun	
Wind	

ADDITIONAL INFORMATION
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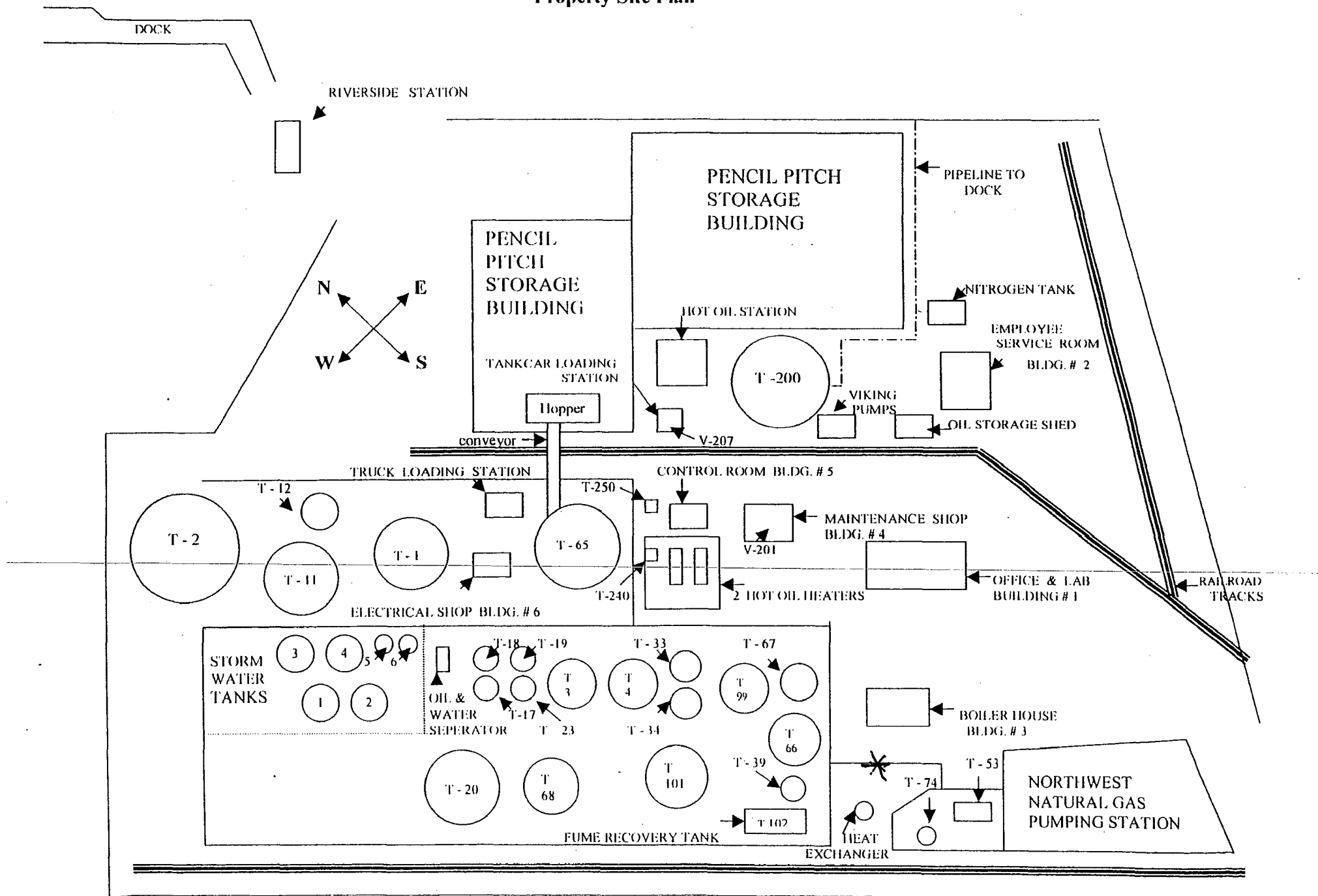
OBSERVATION DATE		START TIME				END TIME
May 18 07		0605				0611
SEC	MIN	0	15	30	45	COMMENTS
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2	5	5	5	5		
3	5	10	10	5		
4	5	10	10	10		
5	5	5	10	5		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 5-18-07
OBSERVER'S SIGNATURE 	
ORGANIZATION Koppers Inc.	

CERTIFIED BY Yakima Clean Air Authority	DATE 9-30-07
--	-----------------

CONTINUED ON VED FORM NUMBER	
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# Property Site Plan





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.			
STREET ADDRESS 7540 N.W. St. Helens Rd.			
CITY Portland	STATE OR	ZIP 97210	
PHONE (KEY CONTACT) 503-286-3681		SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 70 End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS Start Letting End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1ft above stack End Same	

DESCRIBE PLUME BACKGROUND Start Trees Hillsides End Same	
BACKGROUND COLOR Start GRN End Same	SKY CONDITIONS Start Cloudy End Same
WIND SPEED Start 6 mph End Same	WIND DIRECTION Start South End Same
AMBIENT TEMP Start 59°F End Same	WET BULB TEMP RH, percent Start 47°F 65%

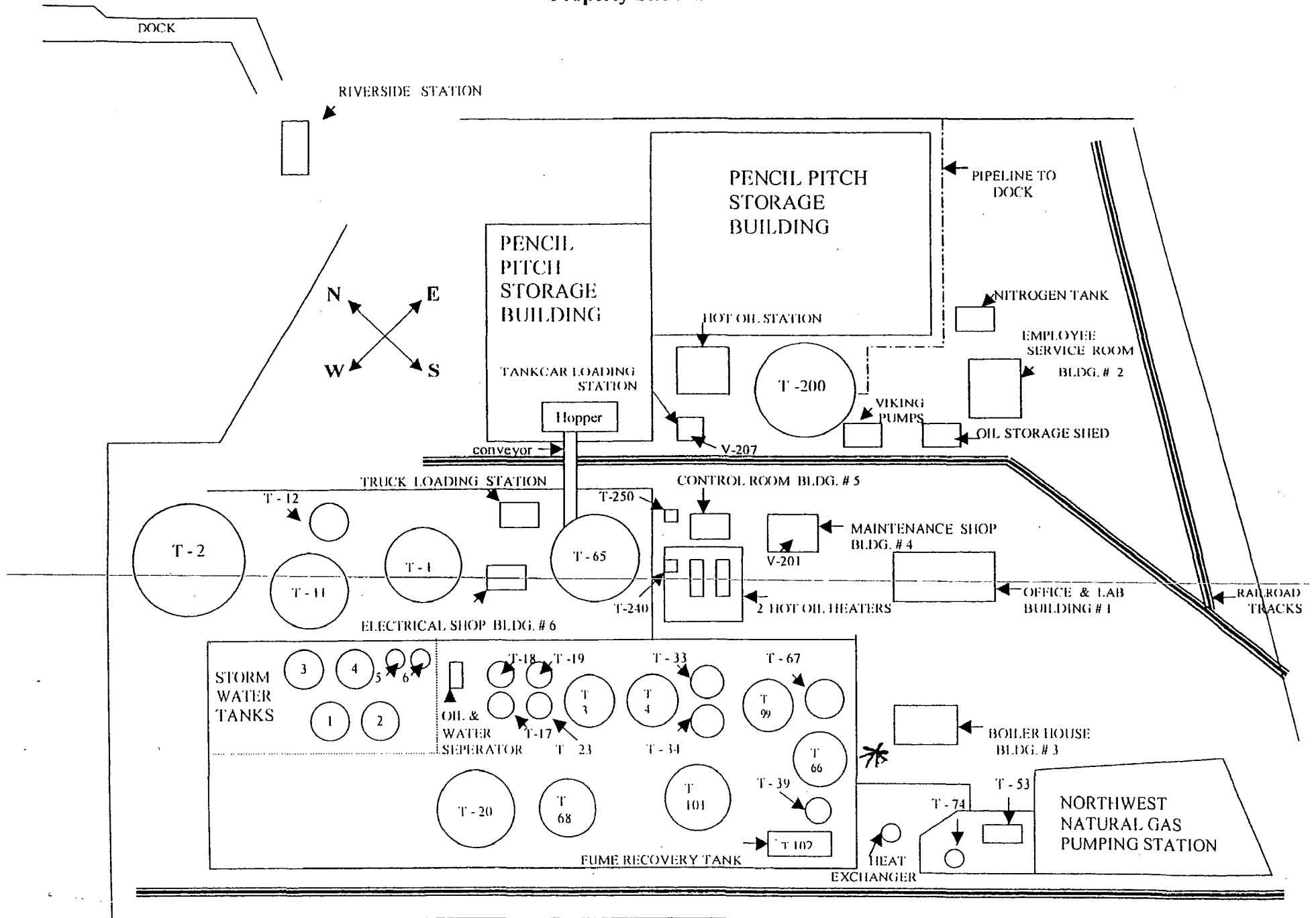
Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH Draw North Arrow 
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ADDITIONAL INFORMATION Light Pitch Truck loading
---

OBSERVATION DATE 6-13-07		START TIME 0600		END TIME 0606	COMMENTS
SEC	MIN	0	15	30	
1	0	0	0	0	
2	0	0	5	5	
3	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE 	DATE 6-13-07
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-30-07
CONTINUED ON VED FORM NUMBER	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 70ft End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS Start 1st Time End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack 1ft End Same	

DESCRIBE PLUME BACKGROUND Start Trees/Hillside End Same	
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Clear End Same
WIND SPEED Start 2-3 mph End Same	WIND DIRECTION Start North End Same
AMBIENT TEMP Start 65°F End Same	WET BULB TEMP 56°F
	RH. percent 73%

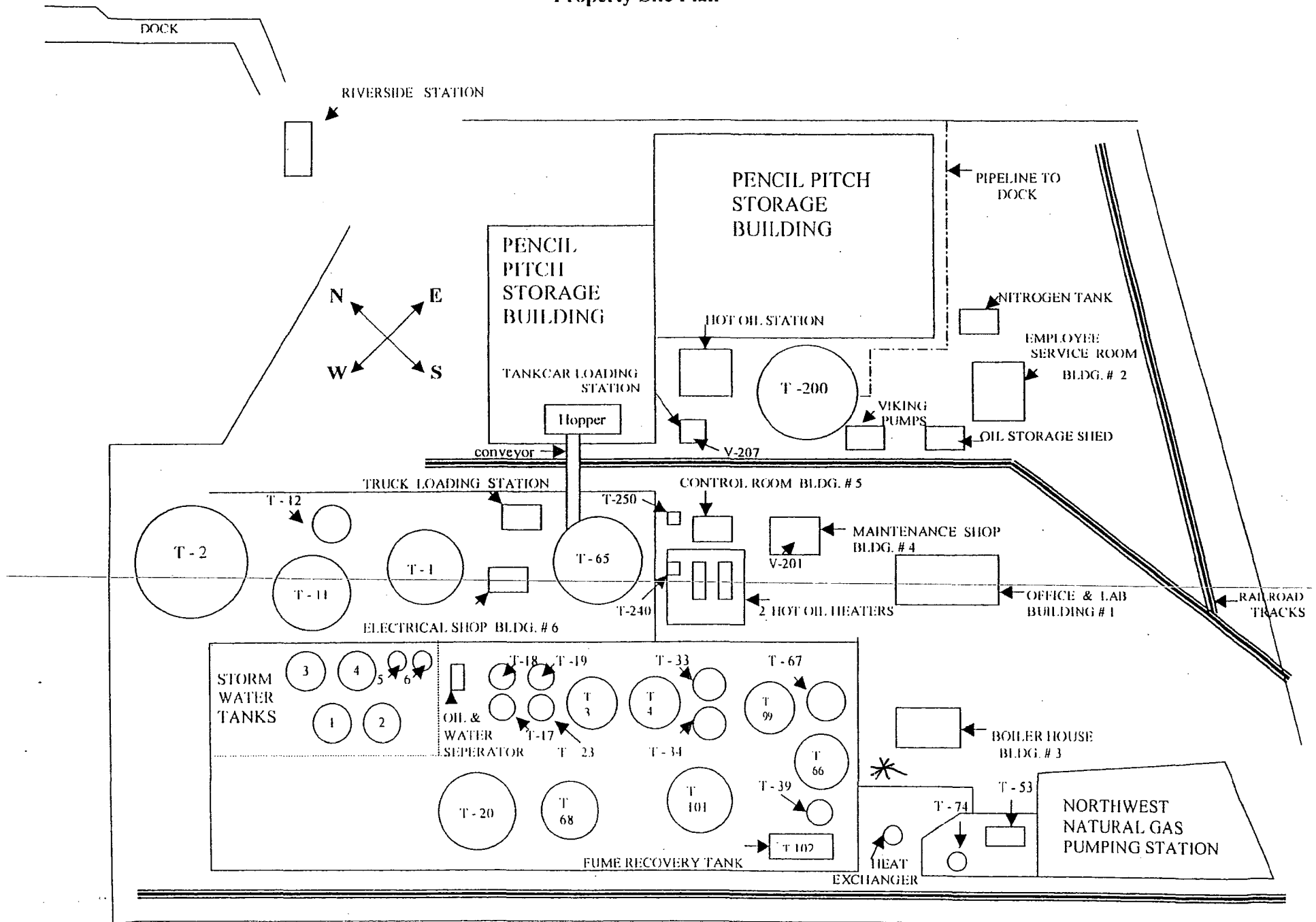
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION LTL Truck Loading
UTLX 650837 Tank Car Loading

OBSERVATION DATE 7-10-07		START TIME 0600		END TIME 0606	COMMENTS
SEC	MIN	0	15	30	
1	0	0	5	5	
2	5	5	5	5	
3	5	5	5	3	
4	0	0	0	0	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert. 1517	DATE 7-10-07
OBSERVER'S SIGNATURE 	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-30-07
CONTINUED ON VED FORM NUMBER	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 70 End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS Start 10ft. End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1ft above stack End Same	

DESCRIBE PLUME BACKGROUND Start 11ft above stack End Same	
BACKGROUND COLOR Start Blue End Same	SKY CONDITIONS Start Partly Cloudy End Same
WIND SPEED Start 3 mph End Same	WIND DIRECTION Start NW End Same
AMBIENT TEMP Start 47°F End 46°F	WET BULB TEMP 41°F
RH. percent 92%	

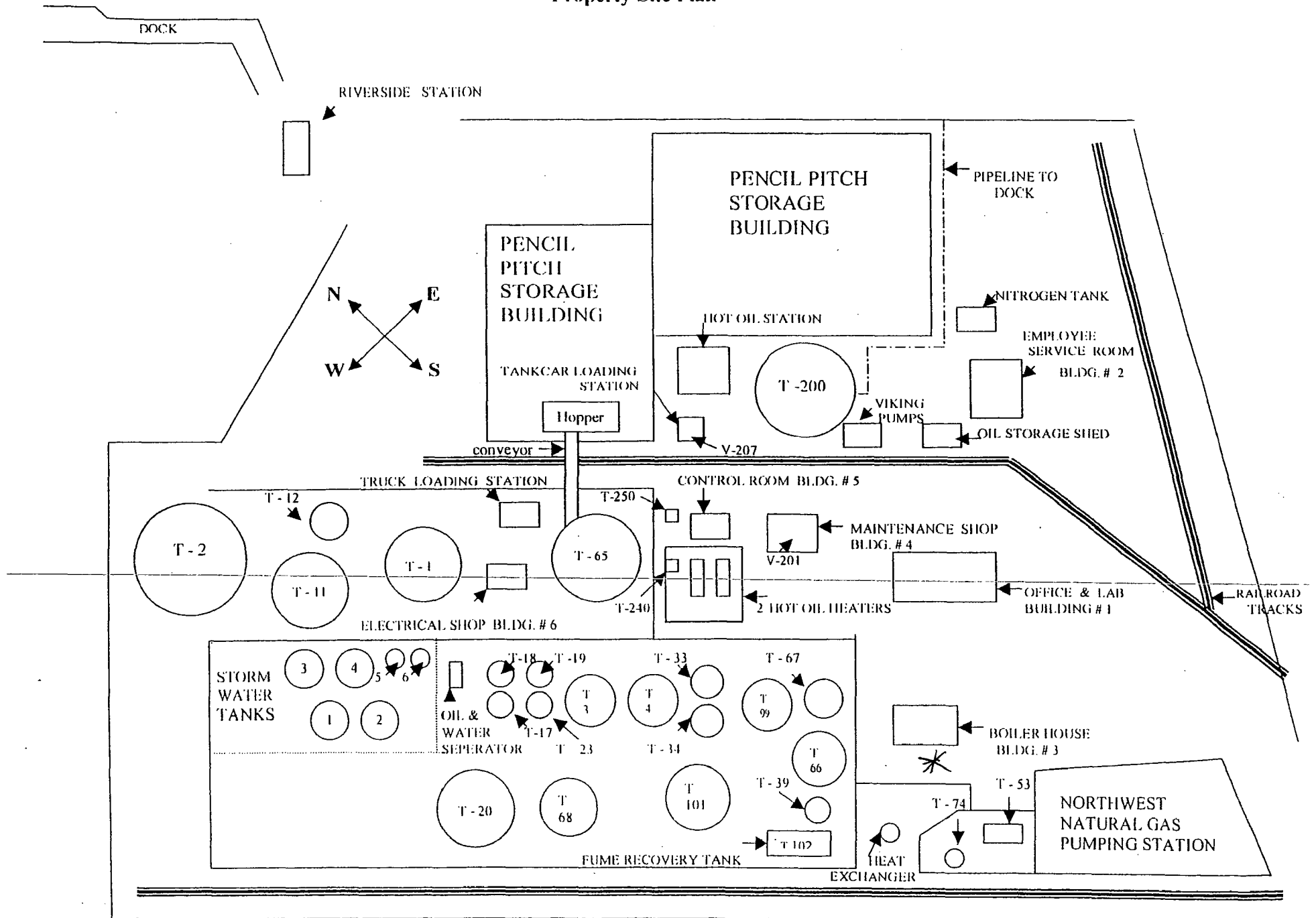
Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH Draw North Arrow

ADDITIONAL INFORMATION Unloaded by Osprey Helicopters Loading Trucks.
---

OBSERVATION DATE Aug 18 2007				START TIME 0700	END TIME 0706
SEC	0	15	30	45	COMMENTS
MIN					
1	5	10	5	5	
2	5	5	5	5	
3	5	3	5	10	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert. 1517	DATE 8-18-07
OBSERVER'S SIGNATURE 	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-30-07
CONTINUED ON VED FORM NUMBER	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>		
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>		
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97210</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>		SOURCE ID NUMBER <b>26-2930</b>

PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
<b>on top of recovery tank.</b>	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>same</b>
DISTANCE FROM OBSERVER Start <b>70</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>West</b> End <b>same</b>

DESCRIBE EMISSIONS Start <b>Lofting</b> End <b>same</b>	
EMISSION COLOR Start <b>white</b> End <b>same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of stack</b> End <b>same</b>	

DESCRIBE PLUME BACKGROUND Start <b>Tree/Wallside</b> End <b>same</b>	
BACKGROUND COLOR Start <b>Green</b> End <b>same</b>	SKY CONDITIONS Start <b>Cloudy</b> End <b>same</b>
WIND SPEED Start <b>Calm</b> End <b>same</b>	WIND DIRECTION Start <b>NA</b> End <b>NA</b>
AMBIENT TEMP Start <b>58°F</b> End <b>59°F</b>	WET BULB TEMP Start <b>54°F</b> End <b>86°F</b>

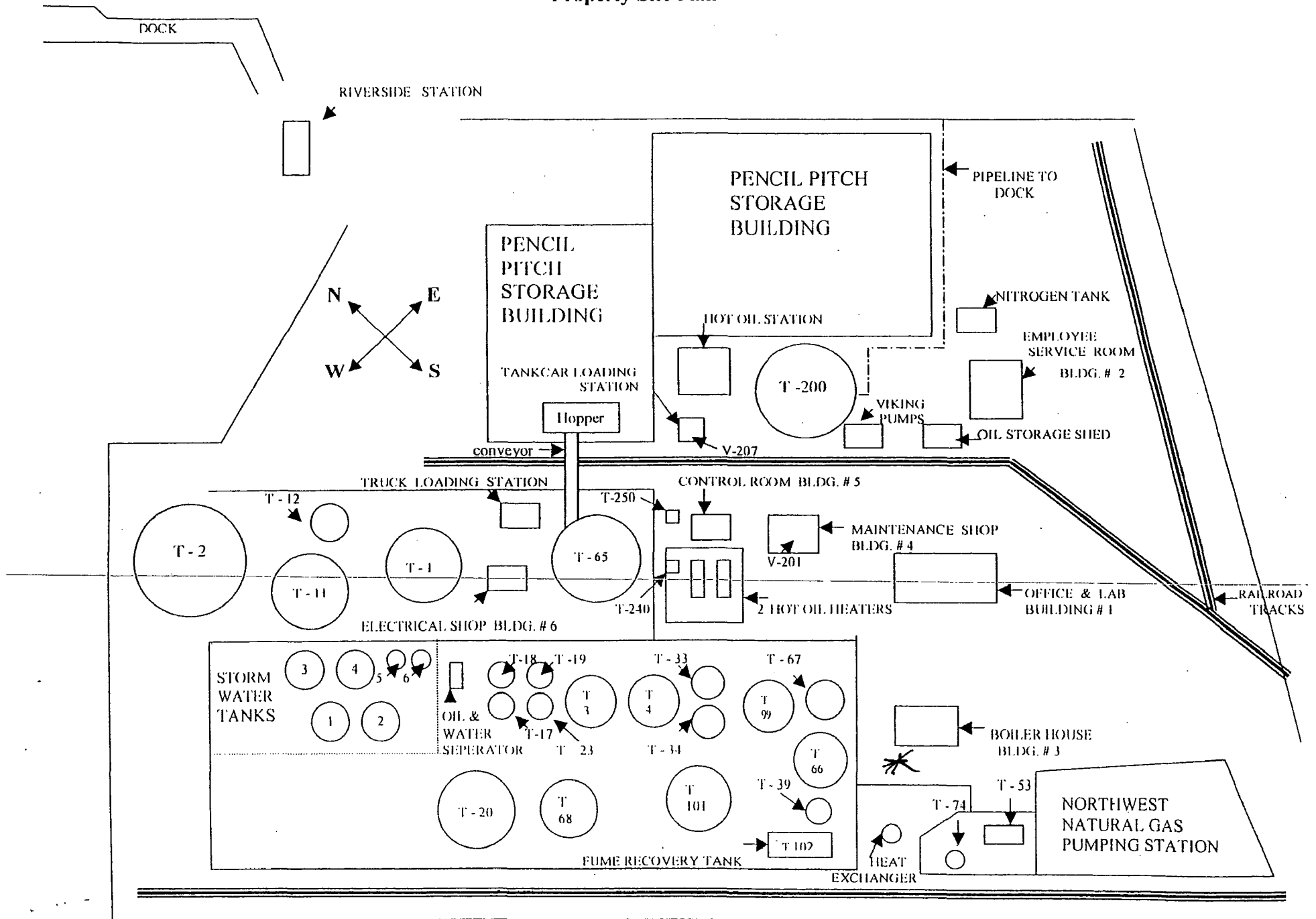
Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH 
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ADDITIONAL INFORMATION <b>Loading Pitch Trailers</b>
---

OBSERVATION DATE		START TIME		END TIME	
9-12-07		0630		0637	
SEC	0	15	30	45	COMMENTS
MIN					
1	10	10	10	10	
2	15	10	15	15	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>	DATE <b>9-12-07</b>
OBSERVER'S SIGNATURE 	
ORGANIZATION <b>Koppers Inc.</b>	
CERTIFIED BY <b>Yakima Clean Air Authority</b>	DATE <b>9-30-07</b>
CONTINUED ON VED FORM NUMBER	

# Property Site Plan





# VISIBLE EMISSION OBSERVATION FORM

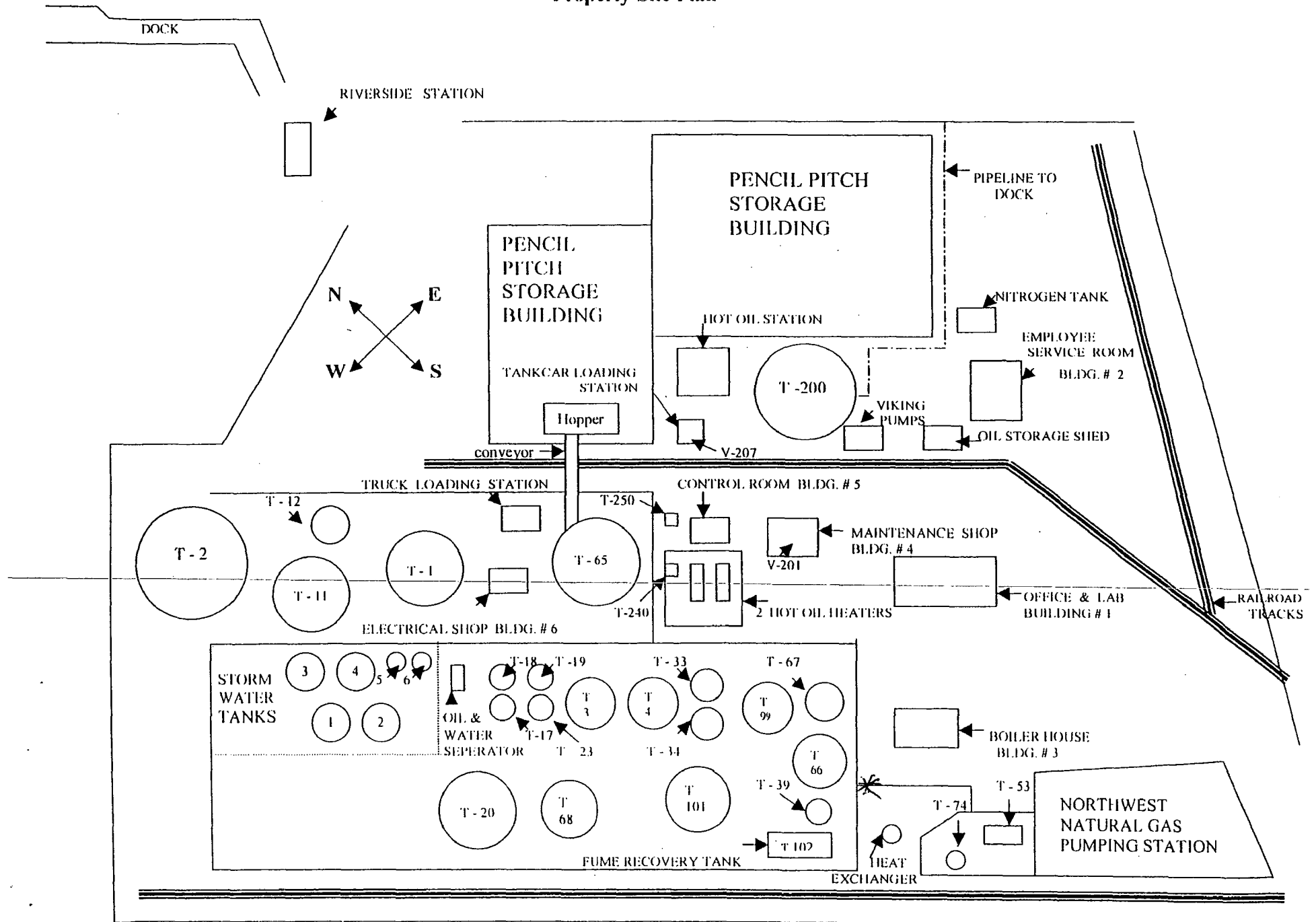
No.

<b>COMPANY NAME</b> Koppers Inc.	
<b>STREET ADDRESS</b> 7540 N.W. St. Helens Rd.	
<b>CITY</b> Portland	<b>STATE</b> OR
<b>PHONE (KEY CONTACT)</b> 503-286-3681	<b>ZIP</b> 97210
<b>PROCESS EQUIPMENT</b> Fume Recovery System	<b>OPERATING MODE</b> Operating hours
<b>CONTROL EQUIPMENT</b>	<b>OPERATING MODE</b>
<b>DESCRIBE EMISSION POINT</b> 22 inch diameter stack	
on top of recovery tank.	
<b>HEIGHT ABOVE GROUND LEVEL</b> 25 ft.	<b>HEIGHT RELATIVE TO OBSERVER</b> Start 11ft. End same
<b>DISTANCE FROM OBSERVER</b> Start 70 End same	<b>DIRECTION FROM OBSERVER</b> Start End
<b>DESCRIBE EMISSIONS</b> Start CONNING End same	
<b>EMISSION COLOR</b> Start white End same	<b>IF WATER DROPLET PLUME</b> Attached <input type="checkbox"/> Detached <input type="checkbox"/>
<b>POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED</b> Start Top/Right of stack End same	
<b>DESCRIBE PLUME BACKGROUND</b> Start Trees/Hillside End same	
<b>BACKGROUND COLOR</b> Start GRN End same	<b>SKY CONDITIONS</b> Start Cloudy End same
<b>WIND SPEED</b> Start 10-11 End same	<b>WIND DIRECTION</b> Start North End same
<b>AMBIENT TEMP</b> Start 47°F End 47°F	<b>WET BULB TEMP</b> 44°F
<b>REL. HUMIDITY</b> 87%	
<b>SOURCE LAYOUT SKETCH</b> 	
<b>ADDITIONAL INFORMATION</b> Loading Light Tower Trucks	

OBSERVATION DATE		START TIME		END TIME	
10-20-07		0700		0707	
MIN	0	15	30	45	COMMENTS
1	5	5	5	0	
2	0	0	0	0	
3	5	5	0	0	
4	5	5	5	5	
5	5	0	5	0	
6	5	5	0	5	
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<b>OBSERVER'S NAME (PRINT)</b> T.J. Turner Cert.-1517	<b>DATE</b> 10-20-07
<b>OBSERVER'S SIGNATURE</b> 	<b>DATE</b> 10-20-07
<b>ORGANIZATION</b> Koppers Inc.	
<b>CERTIFIED BY</b> Yakima Clean Air Authority	<b>DATE</b> 9-30-08
<b>CONTINUED ON VED FORM NUMBER</b>	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 75ft End same	DIRECTION FROM OBSERVER Start West End same

DESCRIBE EMISSIONS Start Lifting End same	
EMISSION COLOR Start White End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack 1ft End same	

DESCRIBE PLUME BACKGROUND Start Trees/Hillside End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start Cloudy End same
WIND SPEED Start 2-4 mph End same	WIND DIRECTION Start South End same
AMBIENT TEMP Start 41°F End same	WET BULB TEMP 40°F

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

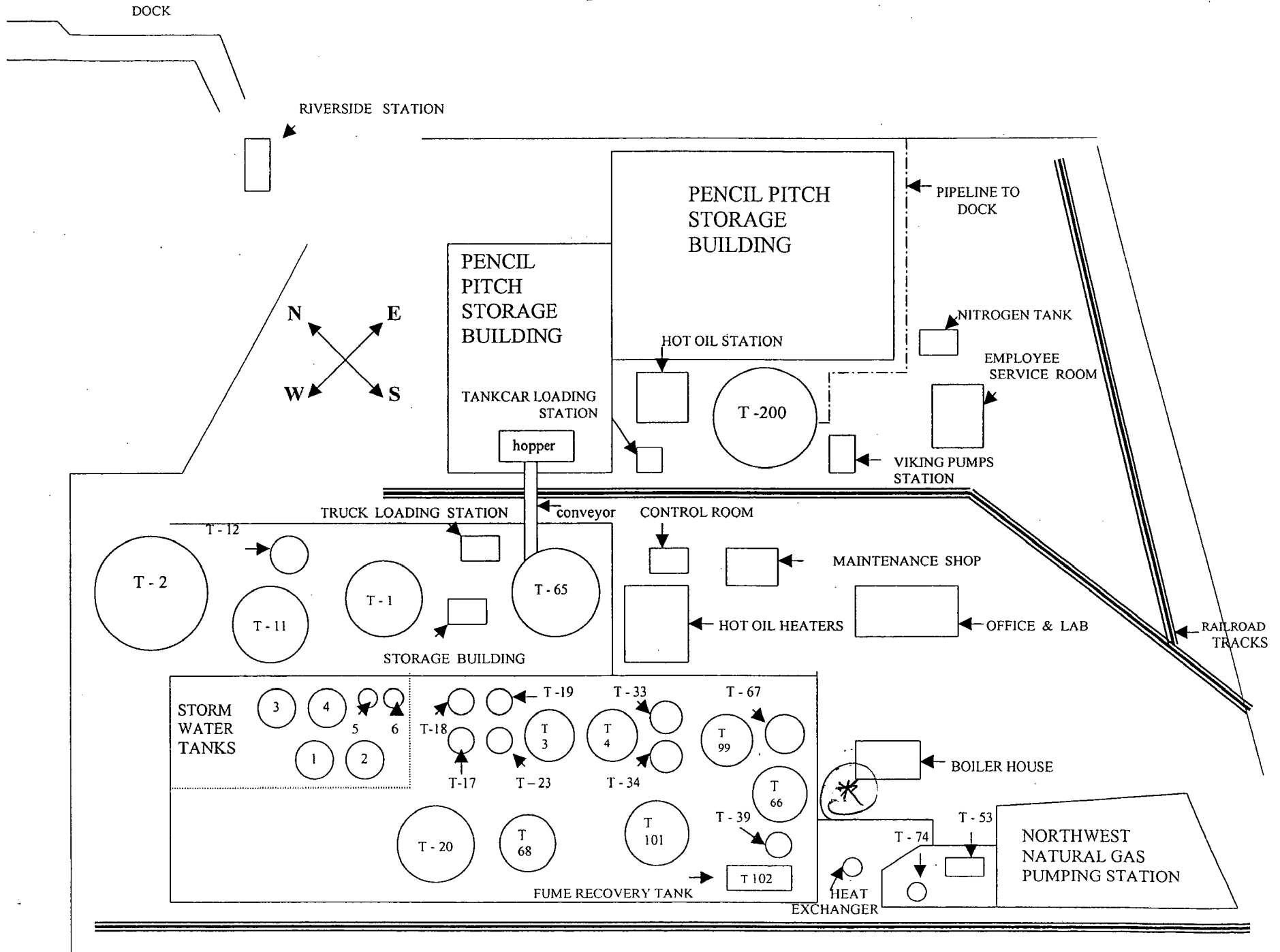
ADDITIONAL INFORMATION Loading Trucks
--

OBSERVATION DATE 11-20-07					START TIME 0658	END TIME 0656
MIN	0	15	30	45	COMMENTS	
1	10	10	15	10		
2	10	15	15	15		
3	15	15	15	10		
4	10	15	15	10		
5	15	15	10	10		
6	10	10	10	15		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 11-20-07
OBSERVER'S SIGNATURE 	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-30-08

CONTINUED ON VEO FORM NUMBER	
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# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70ft End same	DIRECTION FROM OBSERVER Start WEST End same

DESCRIBE EMISSIONS Start Lifting End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of stack 1ft End same	

DESCRIBE PLUME BACKGROUND Start Trees Hillside End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start overcast End same
WIND SPEED Start 7 mph End same	WIND DIRECTION Start SE End same
AMBIENT TEMP Start 38°F End same	WET BULB TEMP 35°F
	RH. percent 92%

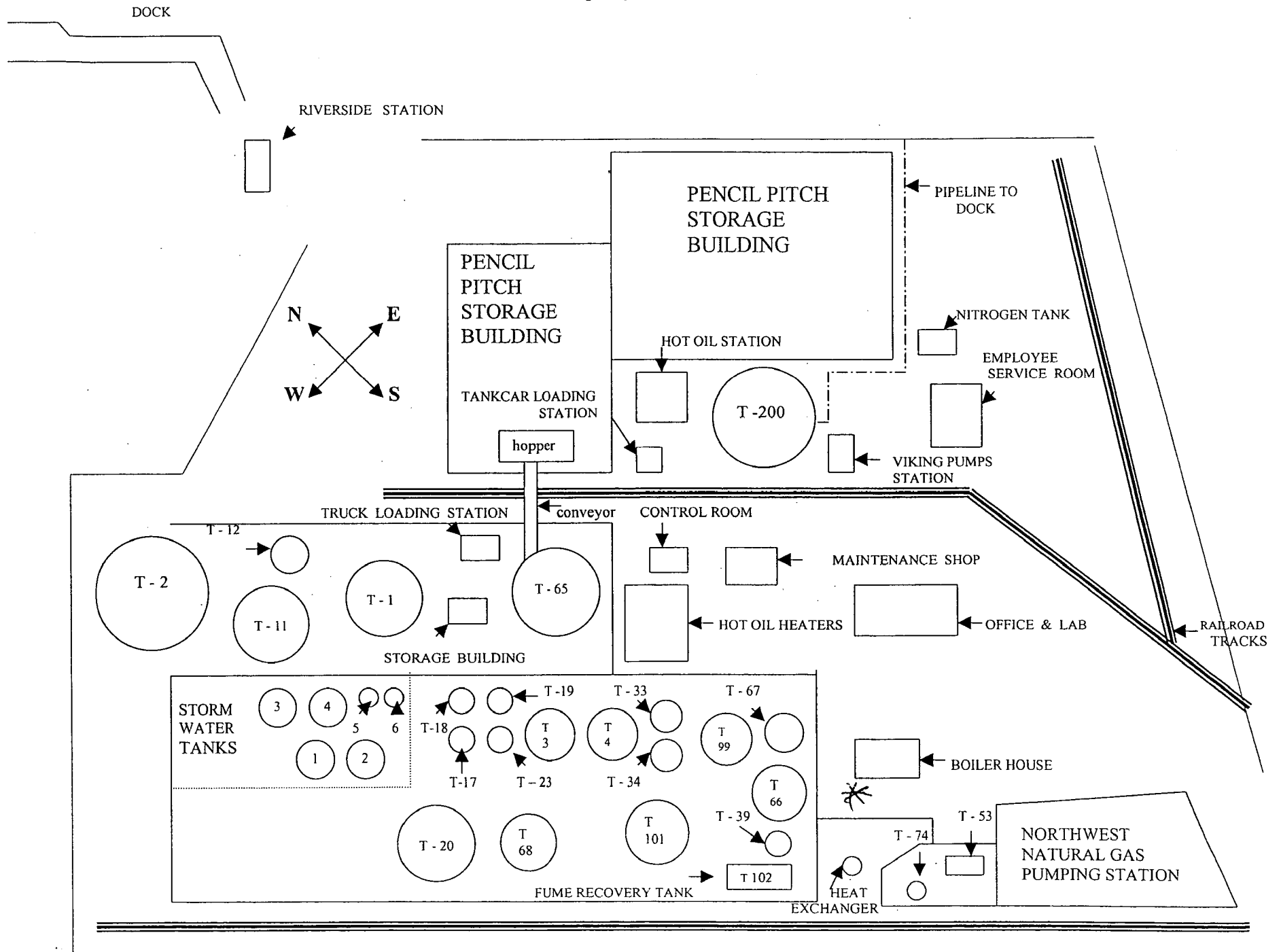
Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH Draw North Arrow
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ADDITIONAL INFORMATION Loading Trucks
--

OBSERVATION DATE			START TIME		END TIME
12-20-07			0648:3		0646
SEC	0	15	30	45	COMMENTS
MIN					
1	10	15	15	15	
2	15	15	15	10	
3	10	10	15	15	
4	15	10	10	15	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 12-20-07
OBSERVER'S SIGNATURE <i>[Signature]</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-30-08
CONTINUED ON VEO FORM NUMBER	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22 inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start lift. End same

DISTANCE FROM OBSERVER  
Start 70 End same

DIRECTION FROM OBSERVER  
Start West End same

DESCRIBE EMISSIONS

Start *CONING* End *same*

EMISSION COLOR  
Start *WHITE* End *same*

IF WATER DROPLET PLUME  
Assumed ☐ Described ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start *Top of stack* End *same*

DESCRIBE PLUME BACKGROUND

Start *Hillside trees* End *same*

BACKGROUND COLOR  
Start *BRN-GREEN* End *same*

SKY CONDITIONS  
Start *overcast* End *same*

WIND SPEED  
Start *9 mph* End *same*

WIND DIRECTION  
Start *South* End *same*

AMBIENT TEMP  
Start *43°F* End *44°F*

WET BULB TEMP  
RH. percent *85%*

SOURCE LAYOUT SKETCH

Draw North Arrow

Stack with Plume

Sun

Wind

Emission Point

Observer's Position

140°

Sun Location Line

ADDITIONAL INFORMATION

OBSERVATION DATE 1-26-06					START TIME 0837	END TIME 0837
MIN	0	15	30	45	COMMENTS	
1	10	10	10	10		
2	10	10	15	15		
3	10	5	5	5		
4	5	5	10	10		
5	10	10	10	10		
6	15	15	15	10		
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

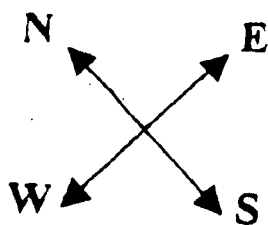
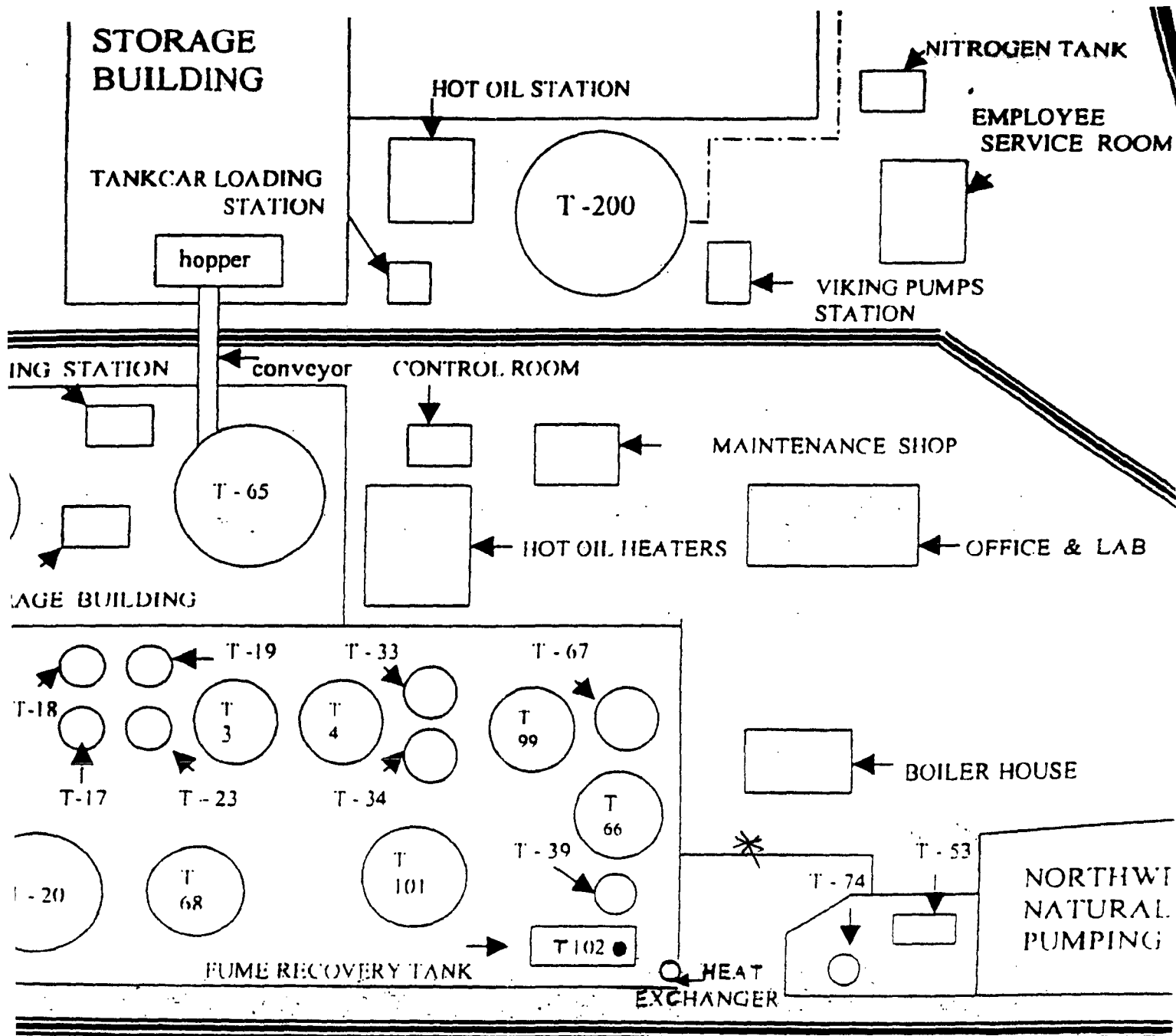
DATE  
1-26-06

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
3/30/06

CONTINUED ON VED FORM NUMBER





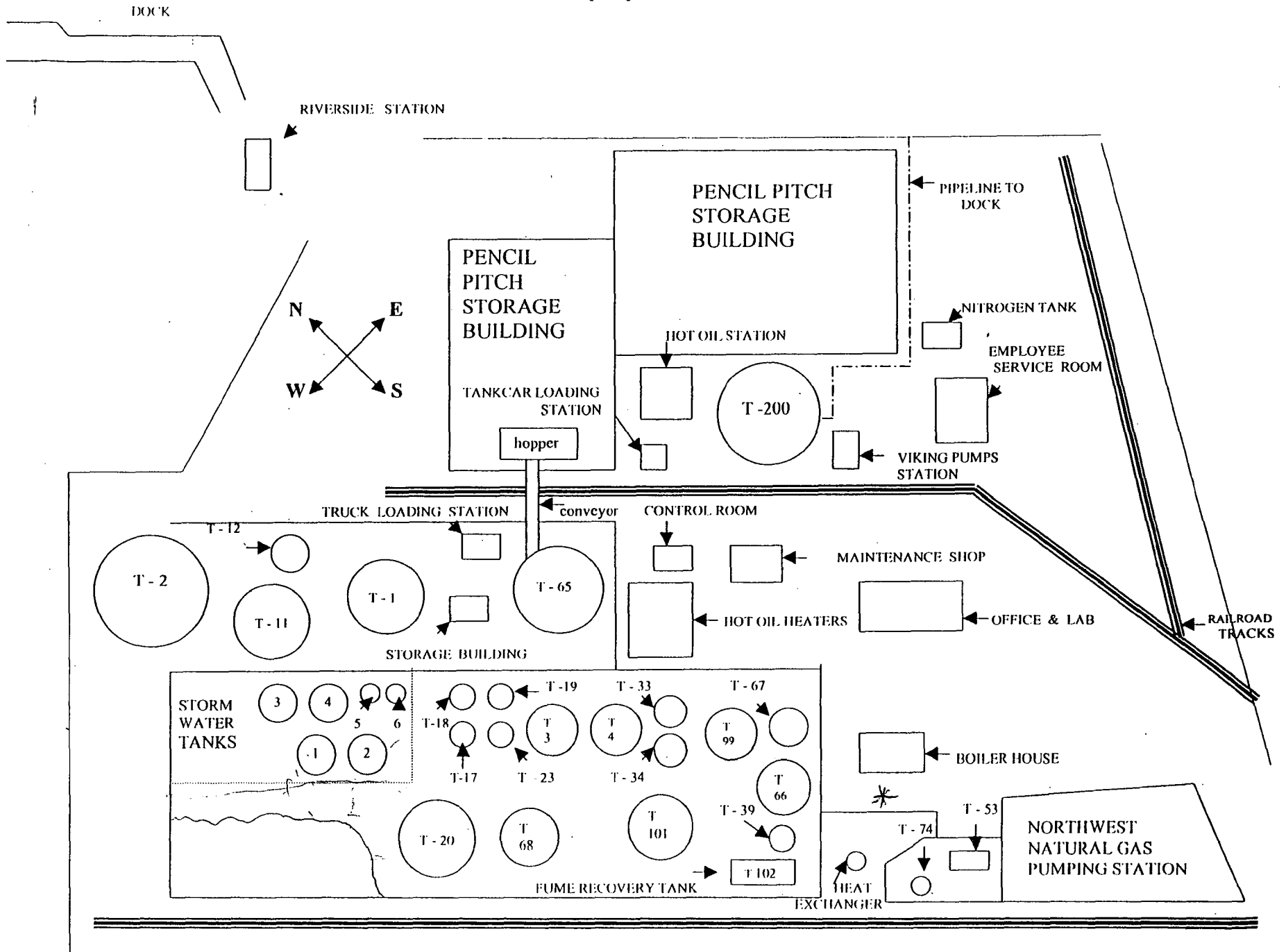
# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.	
STREET ADDRESS 7540 N.W. St. Helens Rd.	
CITY Portland	STATE OR ZIP OR 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930
PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start End same
DISTANCE FROM OBSERVER Start 80' End same	DIRECTION FROM OBSERVER Start west End same
DESCRIBE EMISSIONS Start 10ft. long End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1ft above stack End	
DESCRIBE PLUME BACKGROUND Start Hillside Trees End same	
BACKGROUND COLOR Start BRN/GRN End same	SKY CONDITIONS Start Cloudy End same
WIND SPEED Start 3mph End same	WIND DIRECTION Start NW End same
AMBIENT TEMP Start 43°F End same	WET BULB TEMP RH, Dewpoint 88°/90
<p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> <p>SOURCE LAYOUT SKETCH Draw North Arrow</p>	
ADDITIONAL INFORMATION	

OBSERVATION DATE 2-22-06		START TIME 0750		END TIME 0757	
SEC	0	15	30	45	COMMENTS
MIN					
1	10	10	10	10	
2	10	10	15	15	
3	15	15	15	15	
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30					
OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517					
OBSERVER'S SIGNATURE <i>T.J. Turner</i>					DATE 2-22-06
ORGANIZATION Koppers Inc.					
CERTIFIED BY Yakima Clean Air Authority					DATE 3-30-06
CONTINUED ON YEO FORM NUMBER					

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End same

DISTANCE FROM OBSERVER  
Start 70' End same

DIRECTION FROM OBSERVER  
Start WSW End same

DESCRIBE EMISSIONS  
Start Loading End same

EMISSION COLOR  
Start white End same

IF WATER DROPLET PLUME  
Assumed ☐ Detected ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of Right off stack End same

DESCRIBE PLUME BACKGROUND  
Start Hillside trees End same

BACKGROUND COLOR  
Start Blue/gray End same

SKY CONDITIONS  
Start Clear End same

WIND SPEED  
Start 7 mph End same

WIND DIRECTION  
Start SE End same

AMBIENT TEMP  
Start 43°F End 42°F

WET BULB TEMP  
RH. percent 86%

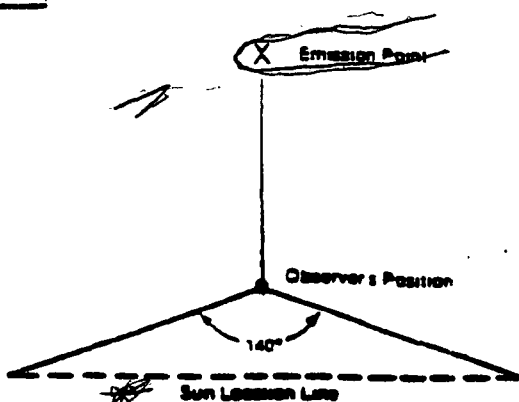
Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Draw North Arrow



ADDITIONAL INFORMATION

OBSERVATION DATE				START TIME	END TIME
3/22/06				0635	0641
MIN	0	15	30	45	COMMENTS
1	10	10	10	10	
2	10	15	15	15	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

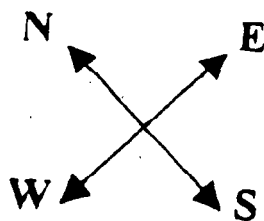
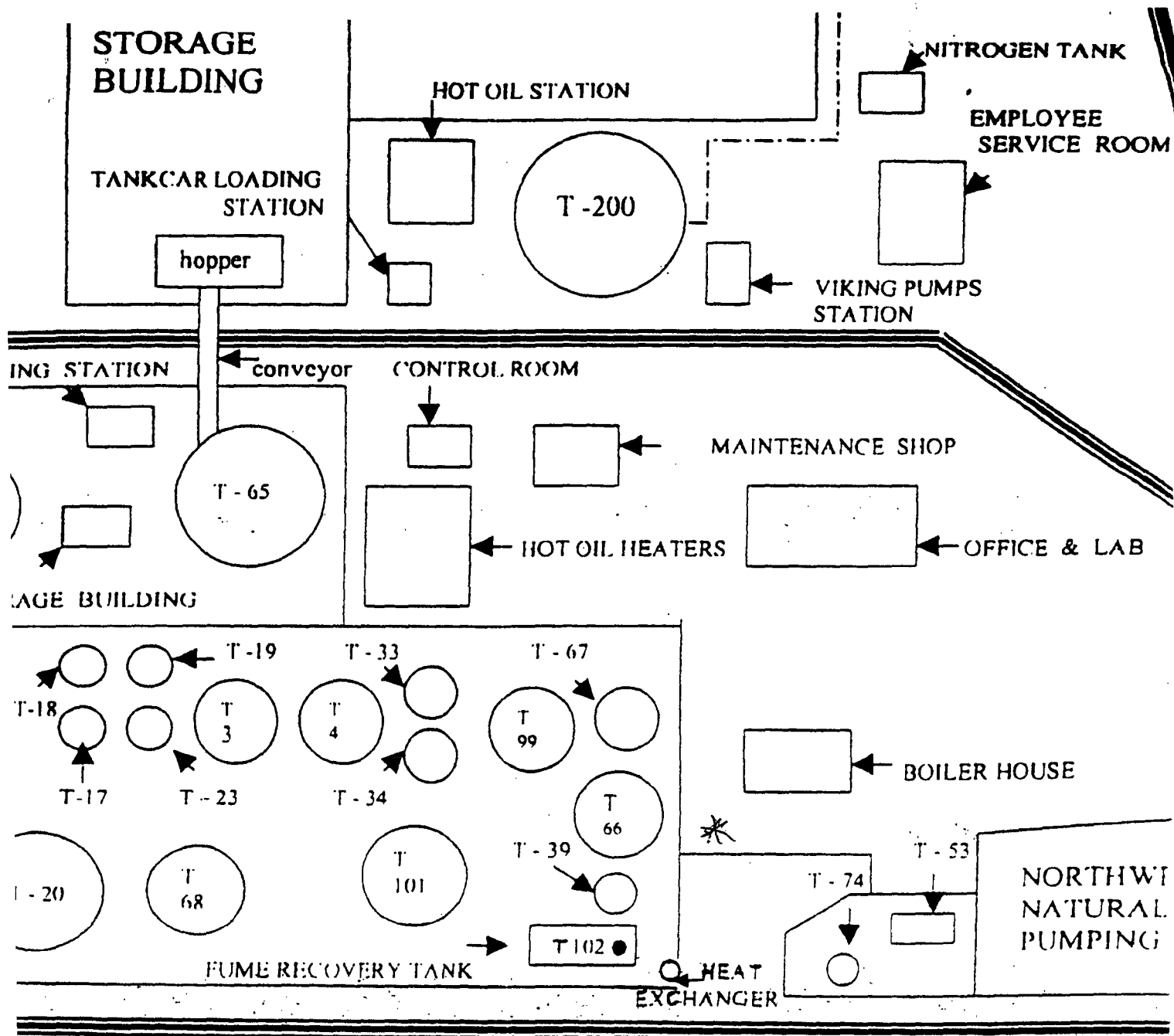
DATE  
3/22/06

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
3/22/06

CONTINUED ON VED FORM NUMBER



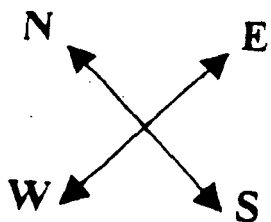
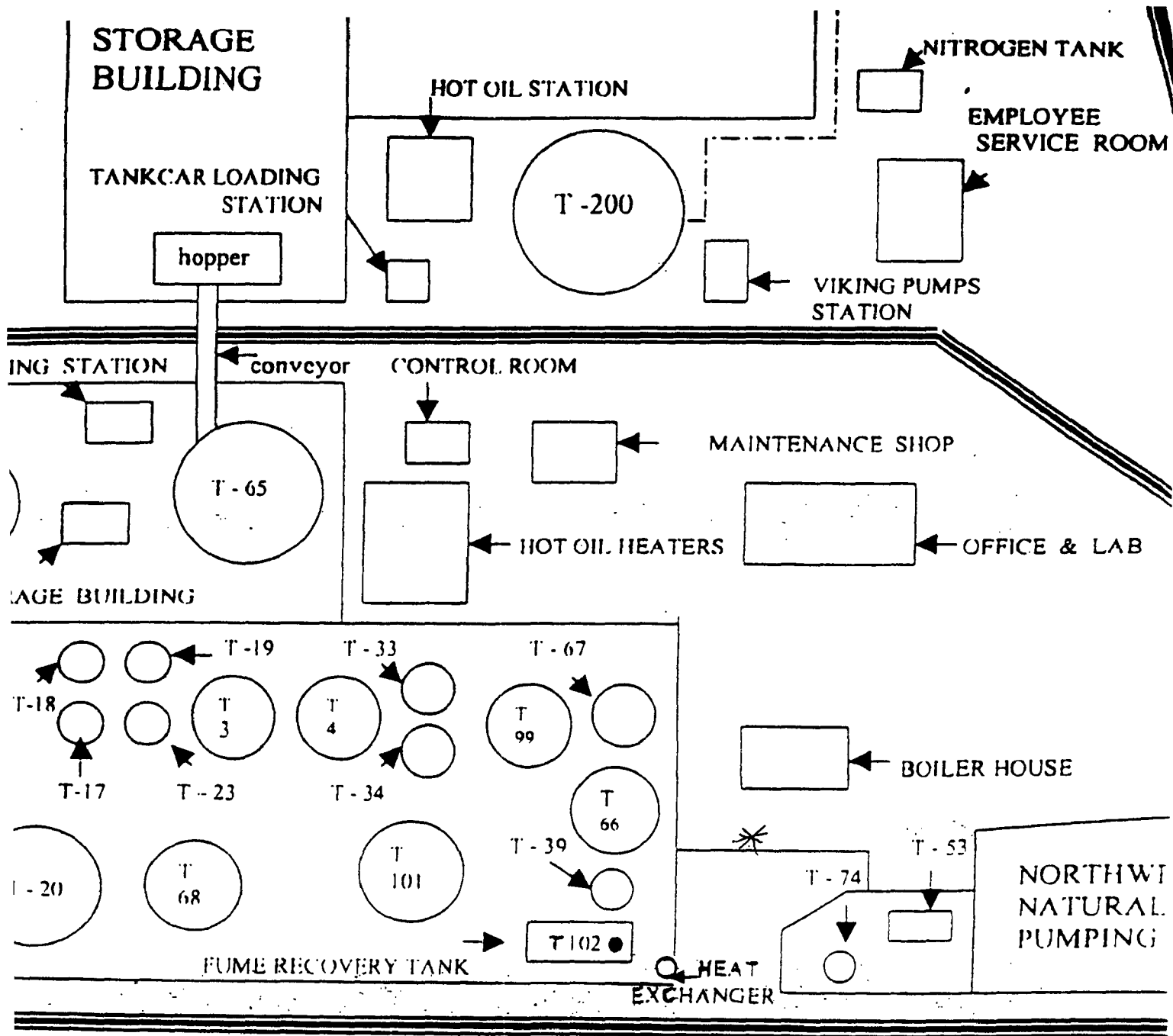
# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE <b>OR</b>
ZIP <b>97210</b>	
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID NUMBER <b>26-2930</b>
PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>same</b>
DISTANCE FROM OBSERVER Start <b>10'</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>WEST</b> End <b>same</b>
DESCRIBE EMISSIONS Start <b>Lofting</b> End <b>same</b>	
EMISSION COLOR Start <b>White</b> End <b>same</b>	IF WATER DROPLET PLUME Assigned <input type="checkbox"/> Described <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of stack 1ft</b> End <b>same</b>	
DESCRIBE PLUME BACKGROUND Start <b>Tree Hillside</b> End <b>same</b>	
BACKGROUND COLOR Start <b>Blue/Gray</b> End <b>same</b>	SKY CONDITIONS Start <b>overcast</b> End <b>same</b>
WIND SPEED Start <b>calm</b> End <b>same</b>	WIND DIRECTION Start <b>same</b> End <b>same</b>
AMBIENT TEMP Start <b>47°F</b> End <b>48°F</b>	WET BULB TEMP Start <b>78%</b> End <b>78%</b>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">             Stack with Plume              Sun              Wind           </div> <div> <p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p> </div> </div>	
ADDITIONAL INFORMATION	

OBSERVATION DATE <b>4-13-06</b>		START TIME <b>0740</b>		END TIME <b>0747</b>	COMMENTS
MIN	0	15	30	45	
1	5	10	10	10	
2	10	5	5	5	
3	5	5	5	5	
4	10	10	10	15	
5	10	10	10	10	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>	
OBSERVER'S SIGNATURE 	DATE <b>4-13-06</b>
ORGANIZATION <b>Koppers Inc.</b>	
CERTIFIED BY <b>Yakima Clean Air Authority</b>	DATE <b>9-30-06</b>
CONTINUED ON VED FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End same

DISTANCE FROM OBSERVER  
Start 70ft End same

DIRECTION FROM OBSERVER  
Start West End same

DESCRIBE EMISSIONS  
Start 10ft. End same

EMISSION COLOR  
Start white End same

IF WATER DROPLET PLUME  
Assigned ☐ Described ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of stack 1ft End same

DESCRIBE PLUME BACKGROUND  
Start Trees/Hillside End same

BACKGROUND COLOR  
Start Green End same

SKY CONDITIONS  
Start Clear End same

WIND SPEED  
Start Calm End same

WIND DIRECTION  
Start South End same

AMBIENT TEMP  
Start 61°F End same

WET BULB TEMP  
66°F

RM. percent

SOURCE LAYOUT SKETCH

Draw North Arrow

Stack with Plume

Sun

Wind

Emission Point

Observer's Position

140°

Sun Position Line

ADDITIONAL INFORMATION

OBSERVATION DATE		START TIME				END TIME
5-18-06		0645				0652
MIN	0	15	30	45	COMMENTS	
1	5	0	0	0		
2	0	0	5	5		
3	5	5	5	5		
4	5	5	5	5		
5	5	5	5	0		
6	0	5	5	0		
7	0	5	0			
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

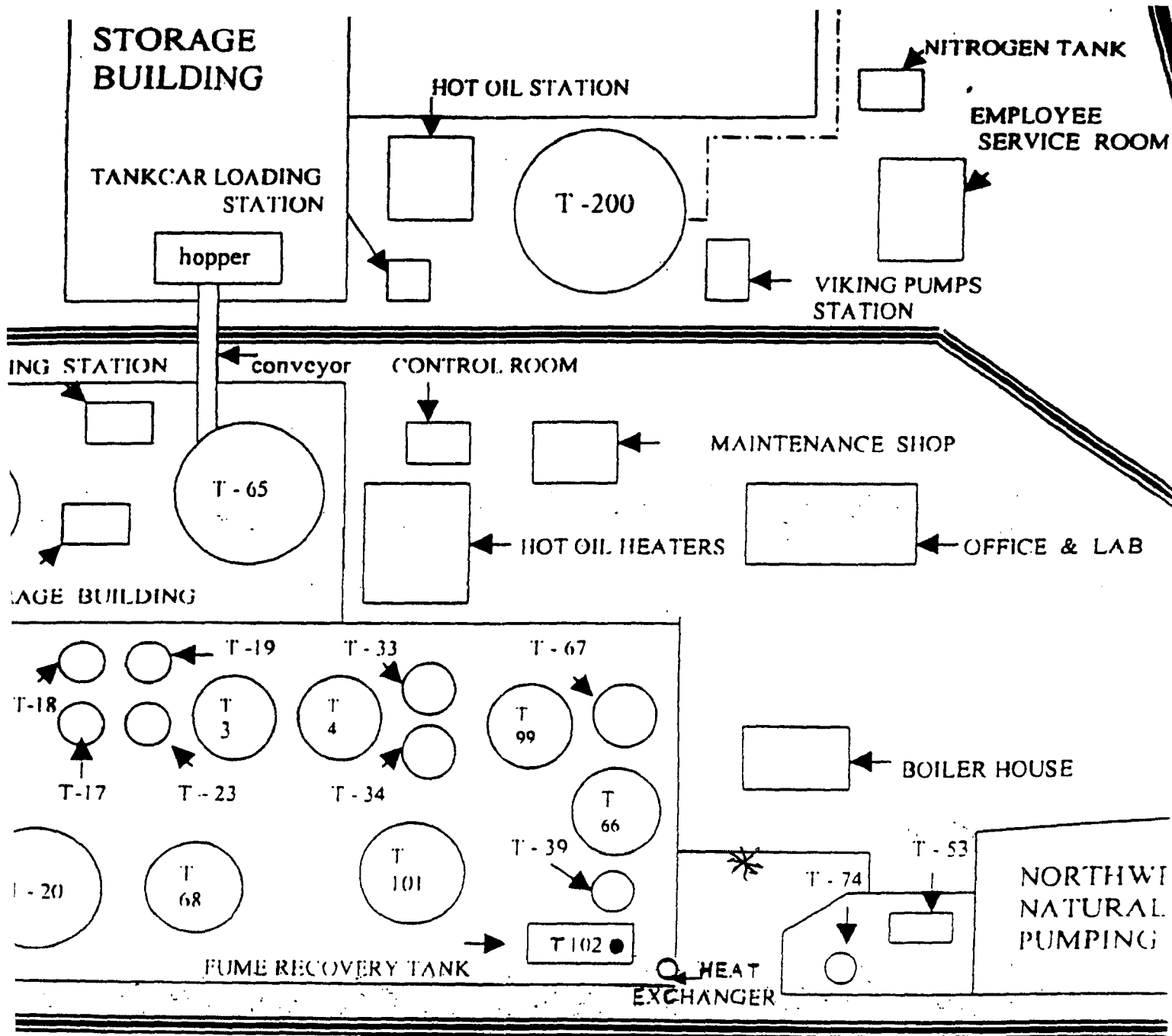
DATE  
5-18-06

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
5/30/06

CONTINUED ON VED FORM NUMBER





# VISIBLE EMISSION OBSERVATION FORM

No.

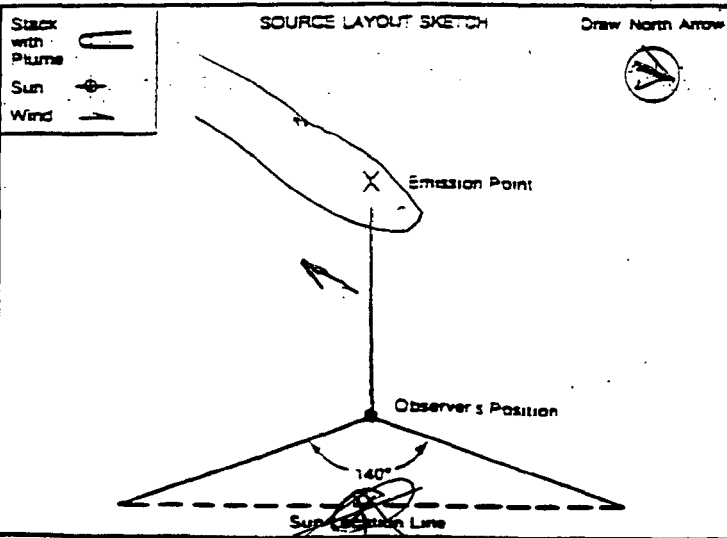
COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681		SOURCE ID NUMBER 26-2930

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start: 11ft. End: same
DISTANCE FROM OBSERVER Start: 75' End: same	DIRECTION FROM OBSERVER Start: N/S W End: same

DESCRIBE EMISSIONS Start: <i>Lofting</i> End: <i>same</i>	
EMISSION COLOR Start: <i>White</i> End: <i>same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start: <i>Top of Stack</i> End: <i>same</i>	

DESCRIBE PLUME BACKGROUND Start: <i>Tree Hillsides</i> End: <i>same</i>	
BACKGROUND COLOR Start: <i>Green</i> End: <i>same</i>	SKY CONDITIONS Start: <i>Clear</i> End: <i>same</i>
WIND SPEED Start: <i>3 mph</i> End: <i>same</i>	WIND DIRECTION Start: <i>NE</i> End: <i>same</i>
AMBIENT TEMP Start: <i>64°</i> End: <i>65°</i>	WET BULB TEMP Start: <i>57°</i> End: <i>77°</i>



ADDITIONAL INFORMATION <i>Truck loading</i>
--

OBSERVATION DATE				START TIME	END TIME
6-26-06				0600	0606
SEC MIN	0	15	30	45	COMMENTS
1	0	0	0	0	
2	0	5	5	5	
3	0	0	0	5	
4	5	5	5	0	
5	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert. 1517	DATE <i>6-26-06</i>
OBSERVER'S SIGNATURE <i>[Signature]</i>	DATE <i>6-26-06</i>
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE <i>9-30-06</i>
CONTINUED ON VED FORM NUMBER	

The site map illustrates the layout of the Northwest Natural Gas Pumping Station. Key features include:

- Orientation:** A compass rose indicates North (N), South (S), East (E), and West (W).
- Infrastructure:** A DOCK is located at the top left, and RIVERSIDE STATION is indicated by an arrow. A PIPELINE TO DOCK runs along the top right. RAILROAD TRACKS are shown on the right side.
- Buildings:**
  - PENCIL PITCH STORAGE BUILDING (two locations)
  - TANKCAR LOADING STATION
  - Hopper
  - conveyor
  - TRUCK LOADING STATION
  - CONTROL ROOM BLDG. # 5
  - MAINTENANCE SHOP BLDG. # 4
  - OFFICE & LAB BUILDING # 1
  - BOILER HOUSE BLDG. # 3
  - EMPLOYEE SERVICE ROOM BLDG. # 2
  - Oil & Water Separator
  - FUME RECOVERY TANK
- Tanks and Equipment:**
  - T-2, T-11, T-1, T-65, T-12, T-250, T-240, T-20, T-68, T-101, T-39, T-74, T-53, T-102
  - 2 HOT OIL HEATERS
  - V-201, V-207
  - VIKING PUMPS
  - 2 STORM WATER TANKS (labeled 1, 2, 3, 4, 5, 6)
  - NITROGEN TANK
  - OIL STORAGE SHED
- Other Labels:**
  - HEAT EXCHANGER
  - RAILROAD TRACKS

# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End Same

DISTANCE FROM OBSERVER  
Start 70ft End Same

DIRECTION FROM OBSERVER  
Start West End Same

DESCRIBE EMISSIONS  
Start 10ft. End Same

EMISSION COLOR  
Start White End Same

IF WATER DROPLET PLUME  
Assigned ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of Stack End Same

DESCRIBE PLUME BACKGROUND  
Start Trees/Hillsides End Same

BACKGROUND COLOR  
Start Gray End Same

SKY CONDITIONS  
Start Clear End Same

WIND SPEED  
Start 4mph End Same

WIND DIRECTION  
Start NNW End Same

AMBIENT TEMP  
Start 67 F End 67 F

WET BULB TEMP  
Start 56 F End 56 F

RH. percent  
Start 70% End 70%

SOURCE LAYOUT SKETCH

Draw North Arrow

Stack with Plume

Sun

Wind

Emission Point

Observer's Position

140°

Sketch Line

ADDITIONAL INFORMATION

OBSERVATION DATE		START TIME		END TIME	
7-26-06		0643		0646	
SEC	0	15	30	45	COMMENTS
1	5	5	5	5	
2	5	10	10	5	
3	10	10	10	16	
4	5	5	5	10	
5	5	5	5	5	
6	10	5	5	10	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
T.J. Turner

DATE  
7-26-06

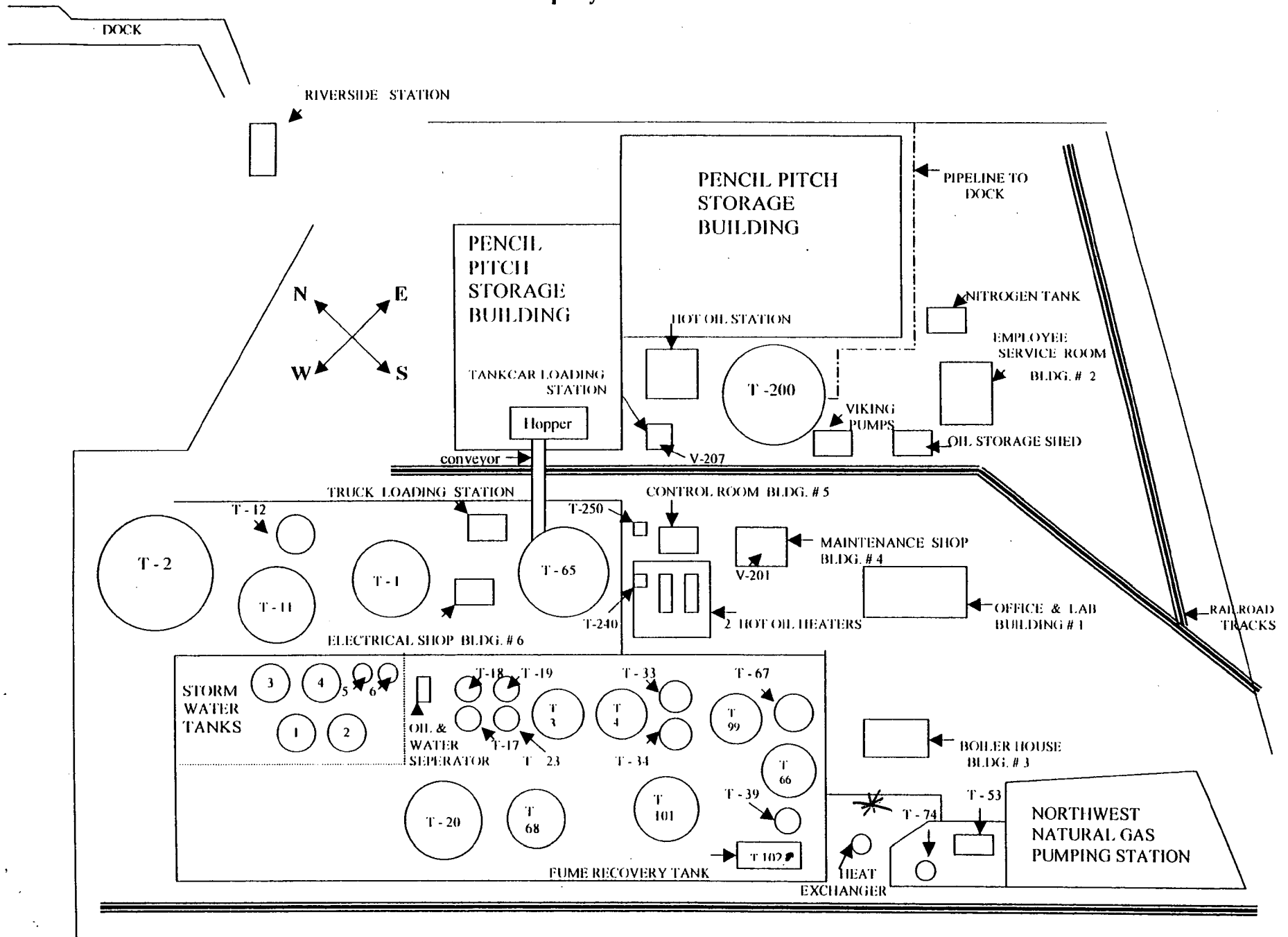
ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
7-30-06

CONTINUED ON VED FORM NUMBER

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70 End same	DIRECTION FROM OBSERVER Start WNW End same

DESCRIBE EMISSIONS Start Lofting End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of stack 1ft End same	

DESCRIBE PLUME BACKGROUND Start Trees/Hillside End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start overcast End same
WIND SPEED Start 3mph End same	WIND DIRECTION Start SW End same
AMBIENT TEMP Start 55°F End same	WET BULB TEMP Start 57°F
	RH. percent 86%

<p>Stack with Plume</p> <p>Sun</p> <p>Wind</p>	<p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p>
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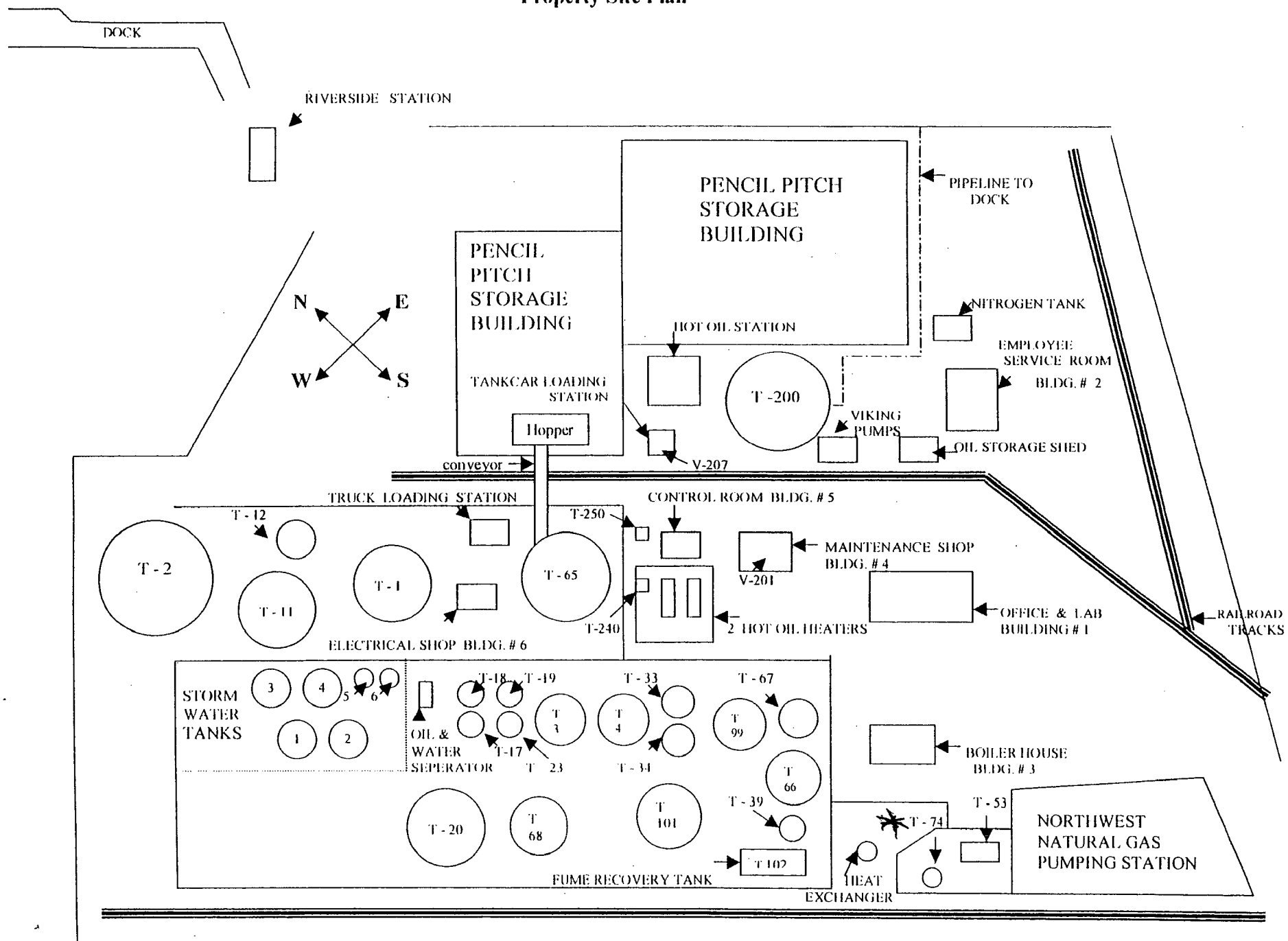
ADDITIONAL INFORMATION Loading Trucks
Loading Tank cars

OBSERVATION DATE 8-30-06				START TIME 0145	END TIME 0652
SEC	0	15	30	45	COMMENTS
MIN					
1	5	10	10	10	
2	10	10	10	10	
3	10	5	5	5	
4	10	10	10	5	
5	10	5	5	10	
6	10	10	5	10	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 8-30-06
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-30-06

CONTINUED ON VED FORM NUMBER	
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# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70ft End same	DIRECTION FROM OBSERVER Start West End same

DESCRIBE EMISSIONS Start <i>Fumigation</i> End <i>same</i>	
EMISSION COLOR Start <i>white</i> End <i>same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>1ft above 50ft</i> End <i>same</i>	

DESCRIBE PLUME BACKGROUND Start <i>Tree Hillside</i> End <i>same</i>	
BACKGROUND COLOR Start <i>green</i> End <i>same</i>	SKY CONDITIONS Start <i>Sunny</i> End <i>same</i>
WIND SPEED Start <i>Calm</i> End <i>same</i>	WIND DIRECTION Start <i>---</i> End <i>---</i>
AMBIENT TEMP Start <i>51°F</i> End <i>52°F</i>	WET BULB TEMP Start <i>---</i> End <i>---</i>

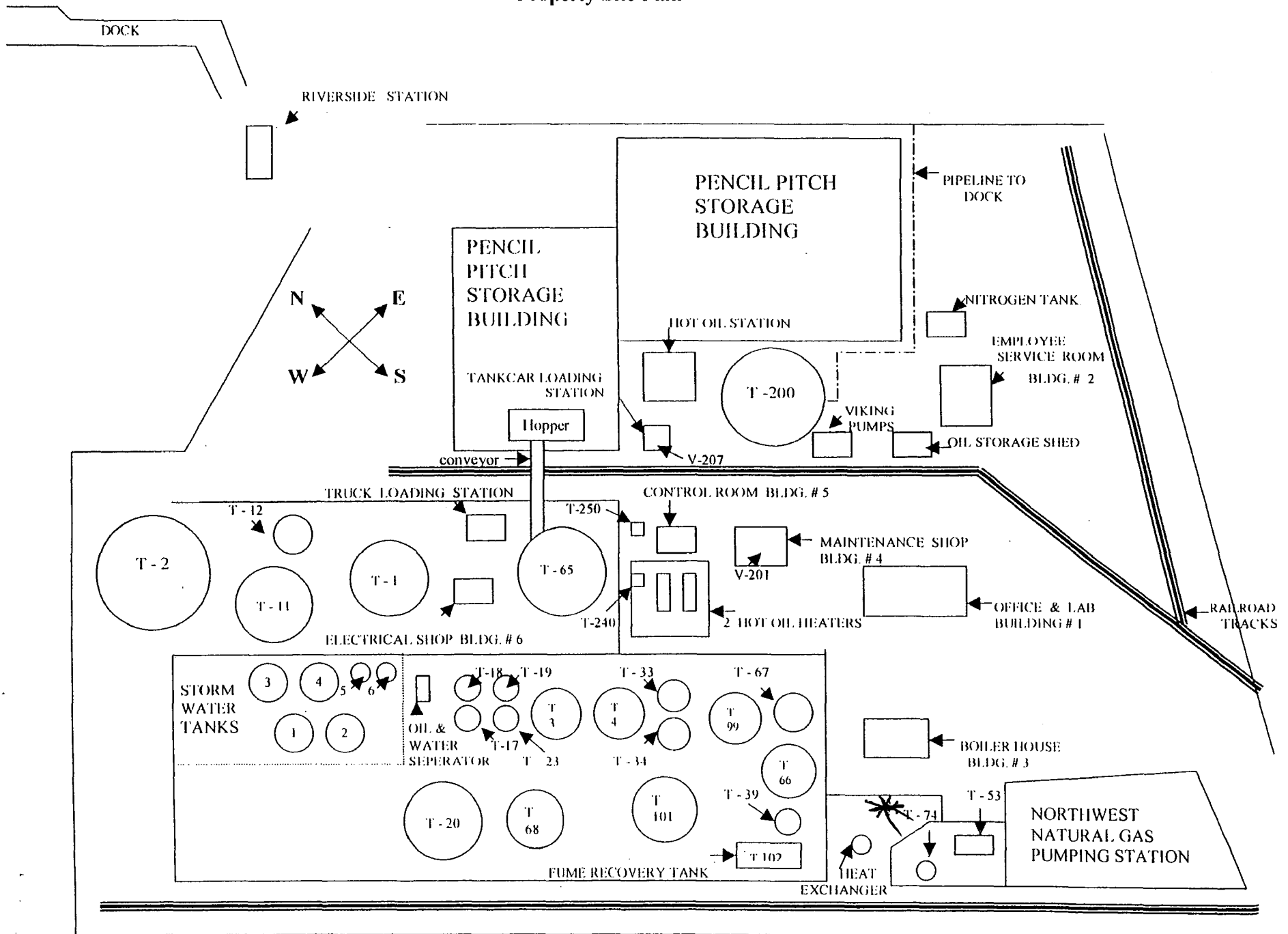
Stack with Plume	
Sun	
Wind	

ADDITIONAL INFORMATION <i>Loading Park cars</i>
--

OBSERVATION DATE 9-28-06				START TIME 0700	END TIME 0706
MIN	0	15	30	45	COMMENTS
1	5	5	5	5	
2	3	5	5	10	
3	10	10	10	10	
4	5	5	0	0	
5	5	5	5	5	
6	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 9/28/06
OBSERVER'S SIGNATURE <i>[Signature]</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE
CONTINUED ON VEO FORM NUMBER	

# Property Site Plan





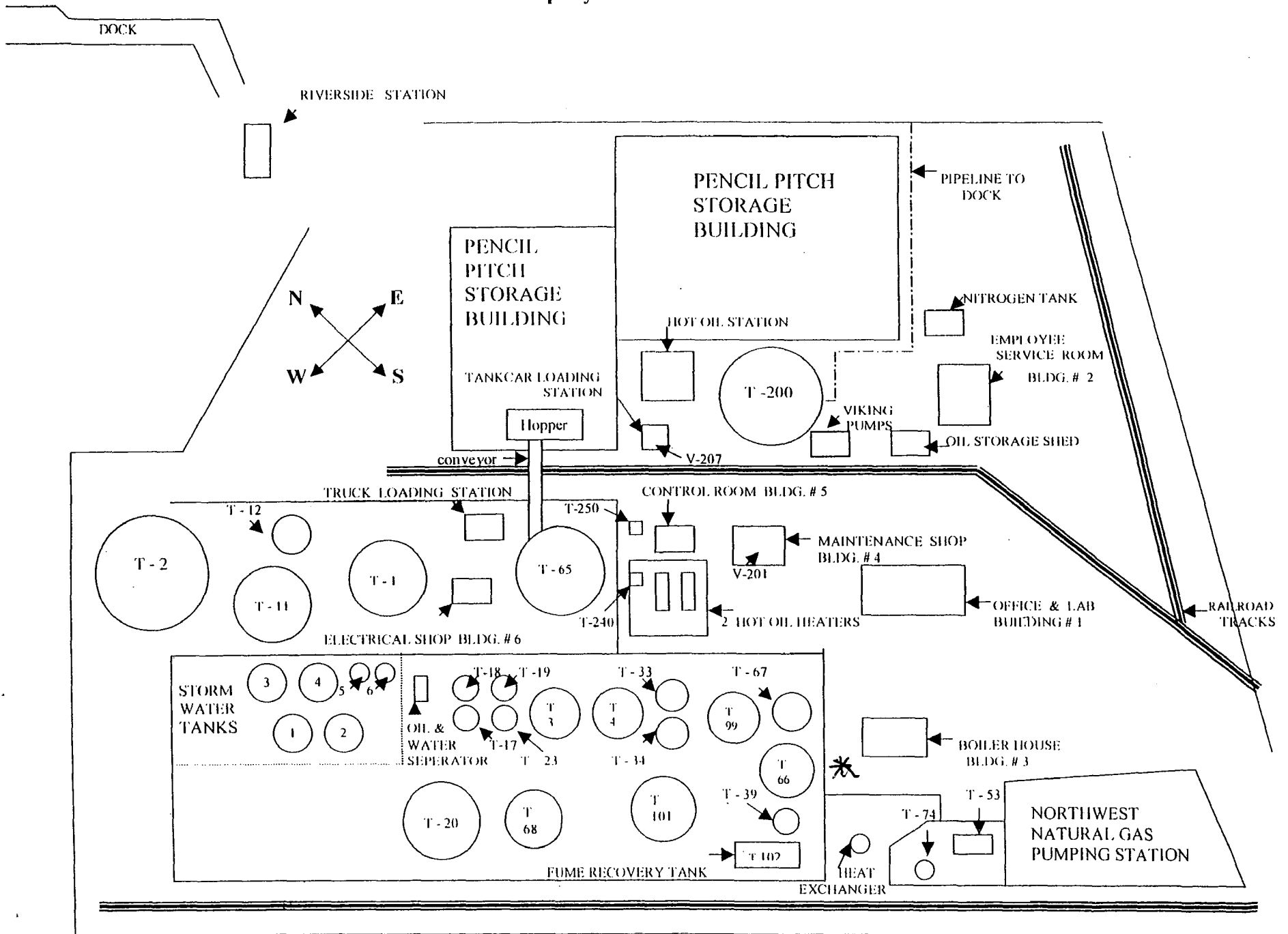
# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	
PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours	
CONTROL EQUIPMENT	OPERATING MODE	
DESCRIBE EMISSION POINT 22inch diameter stack		
on top of recovery tank.		
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same	
DISTANCE FROM OBSERVER Start 75ft End Same	DIRECTION FROM OBSERVER Start West End Same	
DESCRIBE EMISSIONS Start 10ft. End Same		
EMISSION COLOR Start white End Same		
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack End Same		
DESCRIBE PLUME BACKGROUND Start Trees Hillside End Same		
BACKGROUND COLOR Start Green End Same		
WIND SPEED Start 3mph End Same		
WIND DIRECTION Start Se. End Same		
AMBIENT TEMP Start 50°F End Same		
WET BULB TEMP 48°		
RH. percent 92%		
<p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> <p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p>		
ADDITIONAL INFORMATION Load Liquid Pitch Truck		

OBSERVATION DATE 10/10/06		START TIME 0640		END TIME 0647	
SEC	0	15	30	45	COMMENTS
MIN					
1	5	10	10	10	
2	10	10	10	10	
3	10	10	10	10	
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30					
OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517					DATE 10/10/06
OBSERVER'S SIGNATURE <i>T.J. Turner</i>					DATE 10/10/06
ORGANIZATION Koppers Inc.					
CERTIFIED BY Yakima Clean Air Authority					DATE
CONTINUED ON VED FORM NUMBER					

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

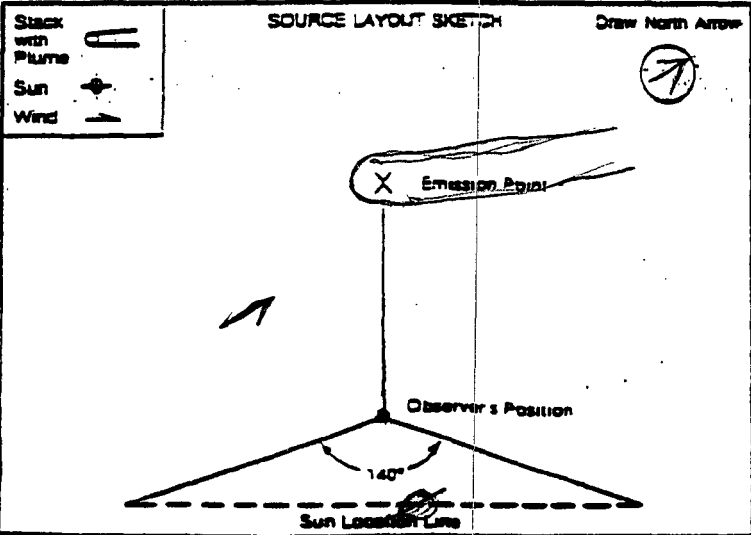
COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22 inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11 ft. End Same
DISTANCE FROM OBSERVER Start 10 ft. End Same	DIRECTION FROM OBSERVER Start NWN End Same

DESCRIBE EMISSIONS Start <i>Continuous</i> End <i>Same</i>	
EMISSION COLOR Start <i>White</i> End <i>Same</i>	IF WATER DROPLET PLUME Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>Top of Stack</i> End <i>Same</i>	

DESCRIBE PLUME BACKGROUND Start <i>Trees Hillside</i> End <i>Same</i>	
BACKGROUND COLOR Start <i>Brn/Gn</i> End <i>Same</i>	SKY CONDITIONS Start <i>Cloudy</i> End <i>Same</i>
WIND SPEED Start <i>10 MPH</i> End <i>Same</i>	WIND DIRECTION Start <i>ESE</i> End <i>Same</i>
AMBIENT TEMP Start <i>35°F</i> End <i>Same</i>	WET BULB TEMP Start <i>25°F</i> End <i>Same</i>
RH. percent Start <i>66%</i> End <i>Same</i>	



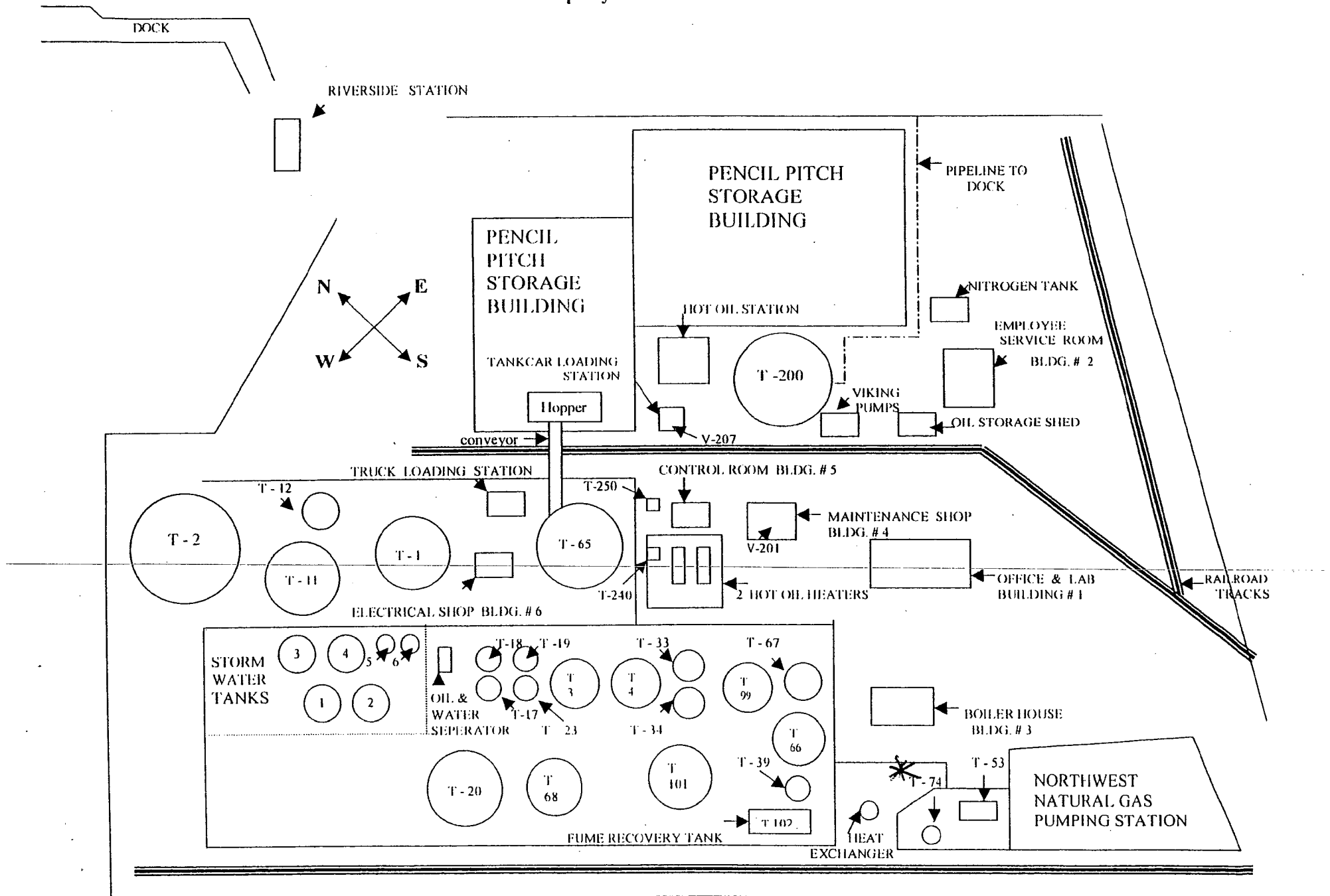
ADDITIONAL INFORMATION
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OBSERVATION DATE 11-29-06					START TIME 0845	END TIME 0853
MIN	0	15	30	45	COMMENTS	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert 1517	DATE 11-29-06
OBSERVER'S SIGNATURE <i>[Signature]</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-30-07

CONTINUED ON VED FORM NUMBER			
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# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

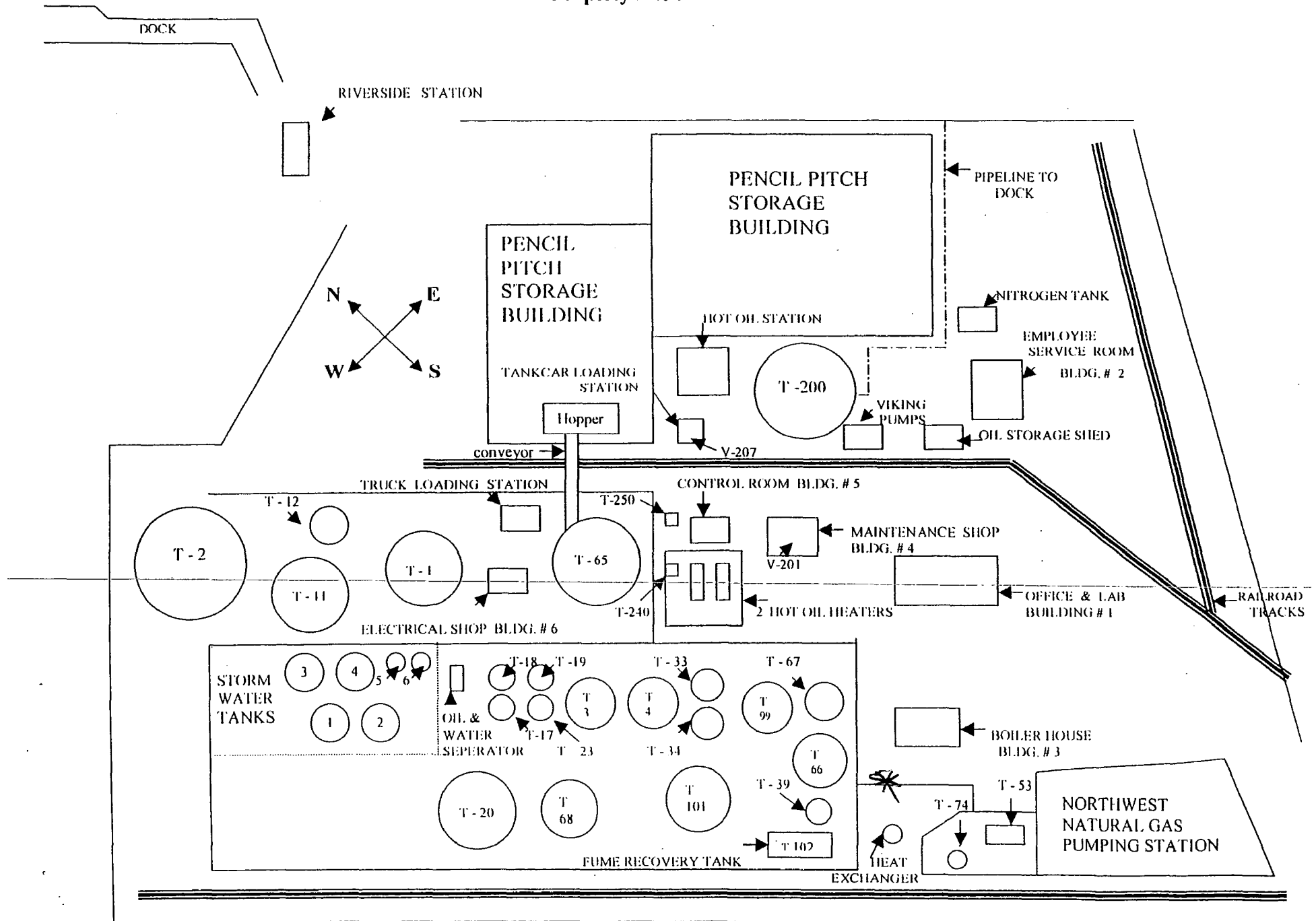
No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	
PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours	
CONTROL EQUIPMENT	OPERATING MODE	
DESCRIBE EMISSION POINT 22inch diameter stack		
on top of recovery tank.		
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same	
DISTANCE FROM OBSERVER Start 70 FT End same	DIRECTION FROM OBSERVER Start West End same	
DESCRIBE EMISSIONS Start <i>loading</i> End <i>same</i>		
EMISSION COLOR Start <i>white</i> End <i>same</i> Attached <input type="checkbox"/> Detached <input type="checkbox"/>		
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>1 ft above stack</i> End <i>same</i>		
DESCRIBE PLUME BACKGROUND Start <i>Trans Hills</i> End <i>same</i>		
BACKGROUND COLOR Start <i>Brn</i> End <i>same</i> SKY CONDITIONS Start <i>overcast</i> End <i>same</i>		
WIND SPEED Start <i>calm</i> End <i>same</i> WIND DIRECTION Start <i>0</i> End <i>same</i>		
AMBIENT TEMP Start <i>31 F</i> End <i>same</i> WET BULB TEMP Start <i>26</i> End <i>same</i> RH, percent Start <i>100</i> End <i>same</i>		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> </div> <div> <p>SOURCE LAYOUT SKETCH</p> </div> </div>		
ADDITIONAL INFORMATION <i>loading Tank cars</i>		

OBSERVATION DATE 12/22/06		START TIME 0730		END TIME 0737	
SEC	0	15	30	45	COMMENTS
MIN					
1	5	5	5	5	
2	10	10	5	5	
3	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert. 1517	DATE 12-22-06
OBSERVER'S SIGNATURE <i>[Signature]</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-30-07
CONTINUED ON VEO FORM NUMBER	

# Property Site Plan



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT  
22 inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start End Same

DISTANCE FROM OBSERVER  
Start 10' End Same

DIRECTION FROM OBSERVER  
Start WEST End Same

DESCRIBE EMISSIONS

Start *Fumigating* End *Same*

EMISSION COLOR  
Start *WHT* End *Same*

IF WATER DROPLET PLUME  
Attached ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start *Above Stack* End *Same*

DESCRIBE PLUME BACKGROUND

Start *Trees Hillsides* End *Same*

BACKGROUND COLOR  
Start *benish* End *Same*

SKY CONDITIONS  
Start *Clear* End *Same*

WIND SPEED  
Start *Calm* End *Same*

WIND DIRECTION  
Start End *Same*

AMBIENT TEMP  
Start *44°F* End *45°F*

WET BULB TEMP RH. PERCENT

SOURCE LAYOUT SKETCH

Draw North Arrow

ADDITIONAL INFORMATION

OBSERVATION DATE		START TIME				END TIME
2-16-05		09:00				0906
SEC	MIN	0	15	30	45	COMMENTS
1	5	5	5	5		
2	5	5	0	0		
3	5	0	0	5		
4	5	5	0	5		
5	5	5	0	0		
6	0	0	0	5		
7	5	5	0			
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

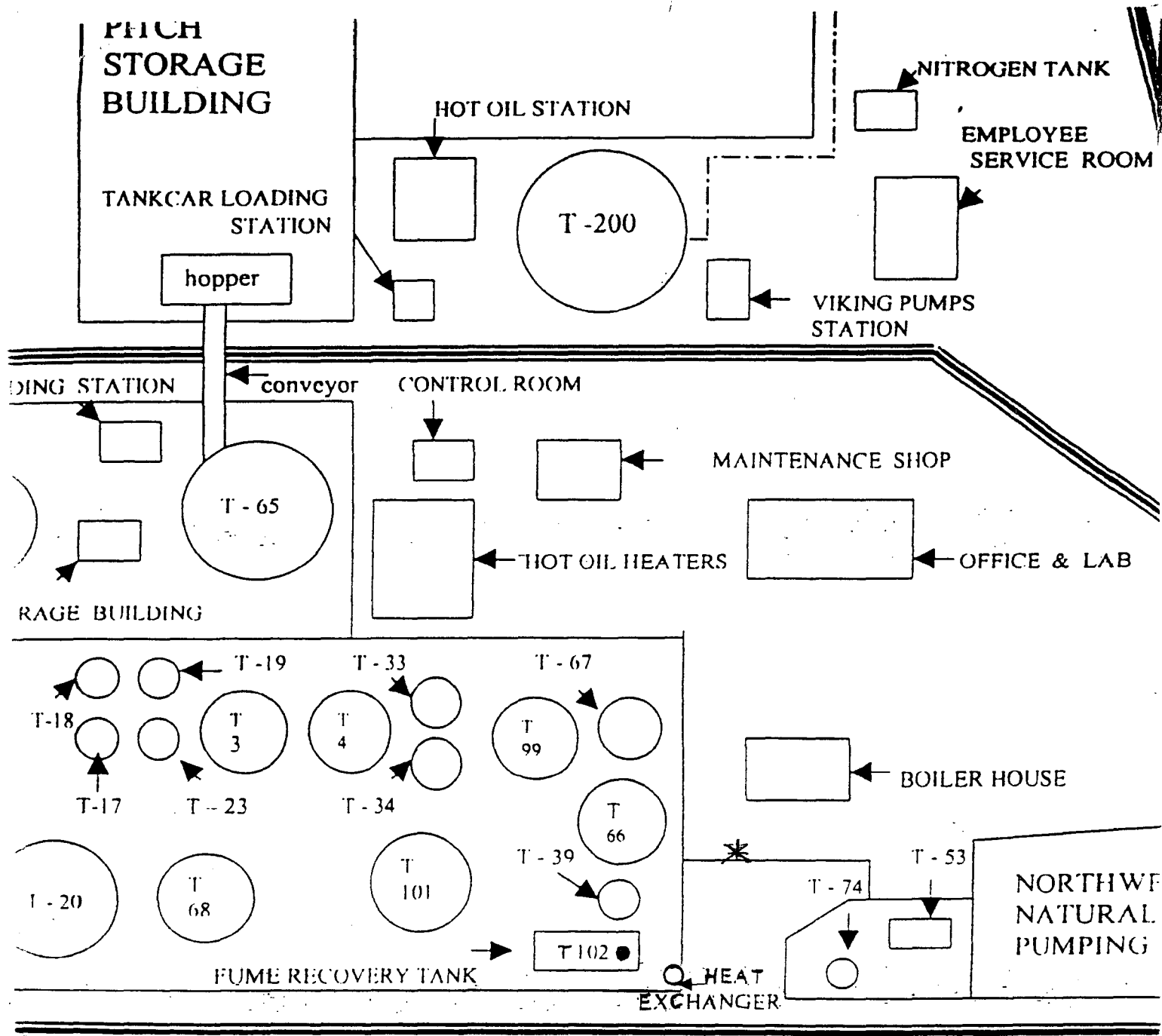
DATE  
2-16-05

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
4-17-05

CONTINUED ON VED FORM NUMBER



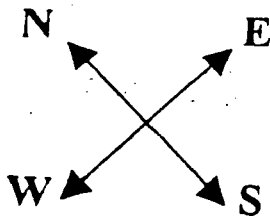
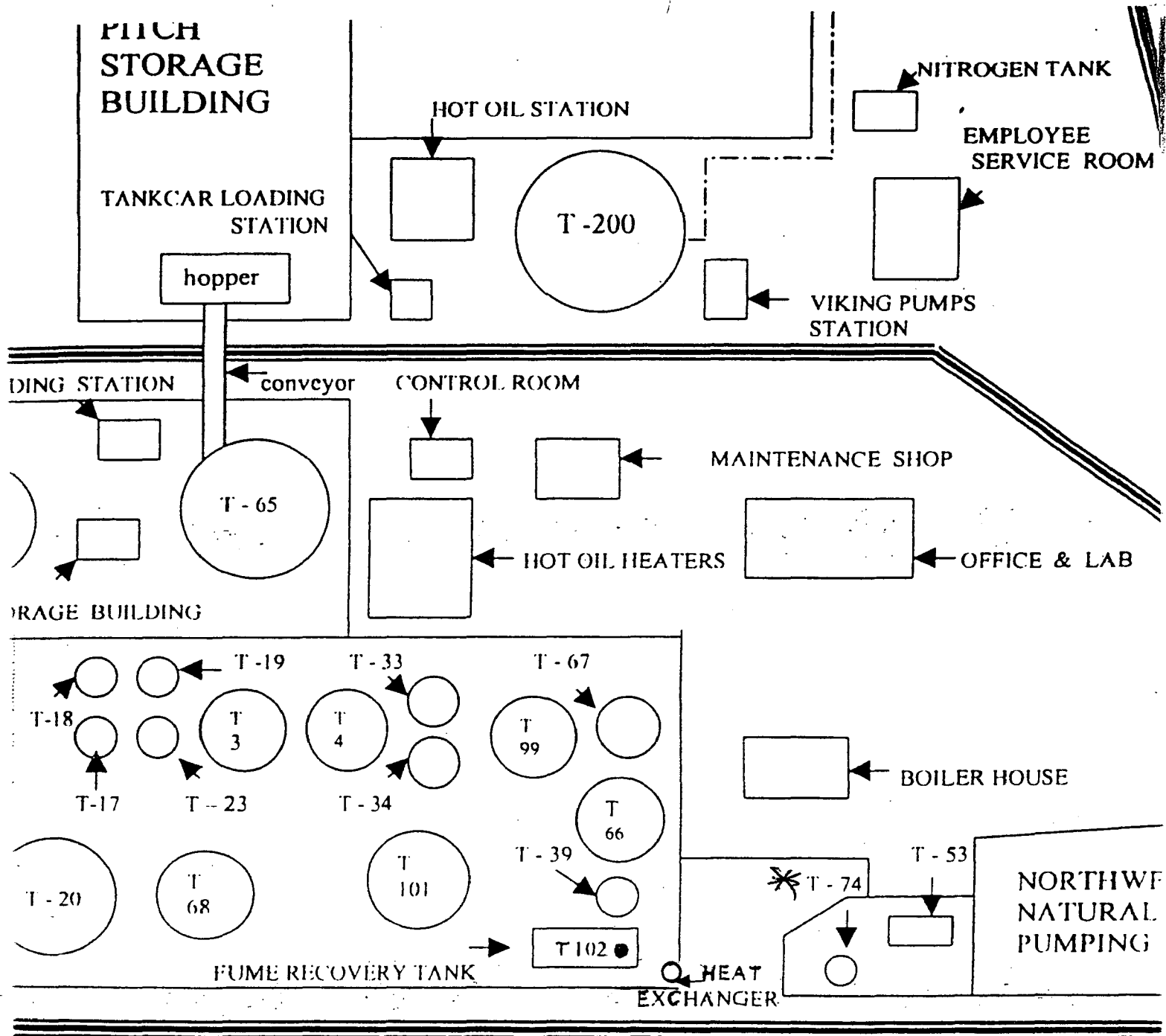


# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>		
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>		
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97210</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID NUMBER <b>26-2930</b>	
PROCESS EQUIPMENT <b>Fume Recovery System</b>		OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT		OPERATING MODE
DESCRIBE EMISSION POINT <b>22inch diameter stack</b>		
on top of recovery tank.		
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>same</b>	
DISTANCE FROM OBSERVER Start <b>70ft</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>West</b> End <b>same</b>	
DESCRIBE EMISSIONS Start <b>10ft</b> End <b>same</b>		
EMISSION COLOR Start <b>White</b> End <b>same</b>		
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>1ft above top of stack</b> End <b>same</b>		
DESCRIBE PLUME BACKGROUND Start <b>meadow hills</b> End <b>same</b>		
BACKGROUND COLOR Start <b>Green</b> End <b>same</b>		
WIND SPEED Start <b>Caln</b> End <b>same</b>		
WIND DIRECTION Start <b>North</b> End <b>same</b>		
AMBIENT TEMP Start <b>38°</b> End <b>same</b>		
WET BULB TEMP <b>59°</b>		
RH. percent <b>59%</b>		
<div> <div> Stack with Plume Sun Wind </div> <div> </div> </div>		
ADDITIONAL INFORMATION		

OBSERVATION DATE <b>3-23-05</b>		START TIME <b>0645</b>		END TIME <b>0652</b>
SEC	0	15	30	45
MIN				
1	10	15	15	15
2	15	15	15	10
3	15	10	10	10
4	10	10	10	10
5	15	15	15	15
6	15	15	10	10
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>				
OBSERVER'S SIGNATURE <i>T.J. Turner</i>				DATE <b>3-23-05</b>
ORGANIZATION <b>Koppers Inc.</b>				
CERTIFIED BY <b>Yakima Clean Air Authority</b>				DATE <b>9-16-05</b>
CONTINUED ON VEO FORM NUMBER				



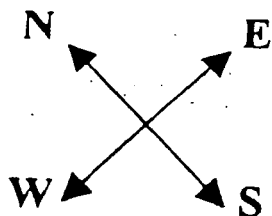
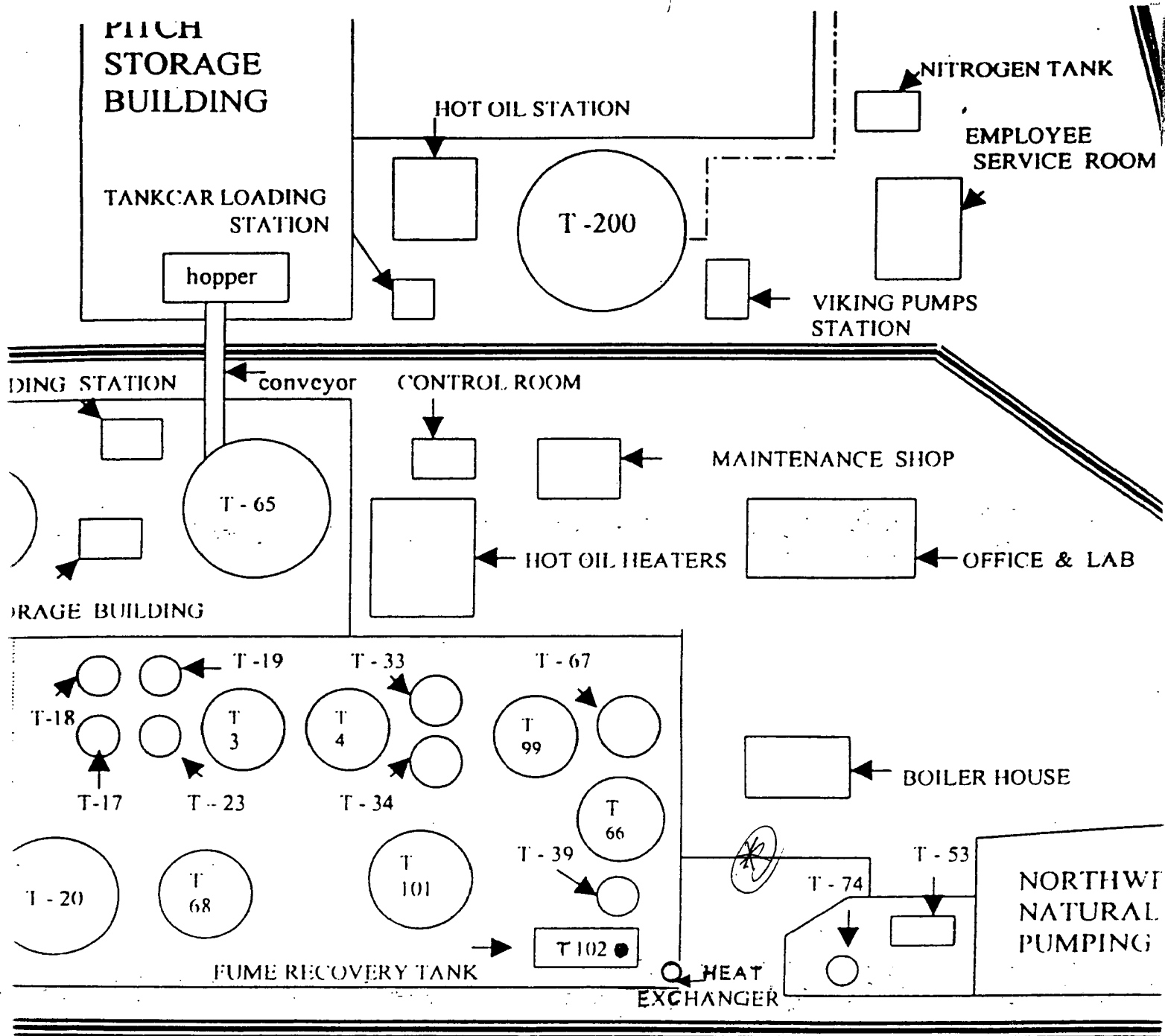
# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.	
STREET ADDRESS 7540 N.W. St. Helens Rd.	
CITY Portland	STATE OR
PHONE (KEY CONTACT) 503-286-3681	ZIP 97210
PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start: End Same
DISTANCE FROM OBSERVER Start 75 FT End same	DIRECTION FROM OBSERVER Start SW End same
DESCRIBE EMISSIONS Start looping End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Above Top of stack End same	
DESCRIBE PLUME BACKGROUND Start Trees Hillside End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start Cloudy End same
WIND SPEED Start 5-7 mph End same	WIND DIRECTION Start West by NW End same
AMBIENT TEMP Start 42°F End same	WET BULB TEMP 70°F
<div style="display: flex; justify-content: space-between;"> <div> <p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> </div> <div> <p>SOURCE LAYOUT SKETCH</p> </div> </div>	
ADDITIONAL INFORMATION	

OBSERVATION DATE 4/20/05		START TIME 0648		END TIME 0646	
SEC	0	15	30	45	COMMENTS
1	5	5	5	5	
2	10	5	10	5	
3	5	5	5	5	
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5	10	5	10	10	
6	5	5	10	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	DATE 4/20/05
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9/16/05
CONTINUED ON VEO FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE <b>OR</b>
ZIP <b>97210</b>	SOURCE ID NUMBER <b>26-2930</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	

PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT <b>22 inch diameter stack</b>	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start End Same
DISTANCE FROM OBSERVER Start <b>75 ft</b> End <b>SAME</b>	DIRECTION FROM OBSERVER Start <b>WEST</b> End <b>SAME</b>

DESCRIBE EMISSIONS	
Start <b>Fanning</b> End <b>Same</b>	
EMISSION COLOR Start <b>White</b> End <b>Same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of stack</b> End <b>same</b>	

DESCRIBE PLUME BACKGROUND	
Start <b>Blue/White</b> End <b>Same</b>	
BACKGROUND COLOR Start <b>Green</b> End <b>Same</b>	SKY CONDITIONS Start <b>overcast</b> End <b>SAME</b>
WIND SPEED Start <b>Truck</b> End <b>Same</b>	WIND DIRECTION Start <b>West</b> End <b>SAME</b>
AMBIENT TEMP Start <b>60</b> End <b>Same</b>	WET BULB TEMP RH, percent

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

Stack with Plume

Sun

Wind

Observer's Position

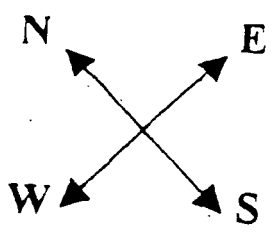
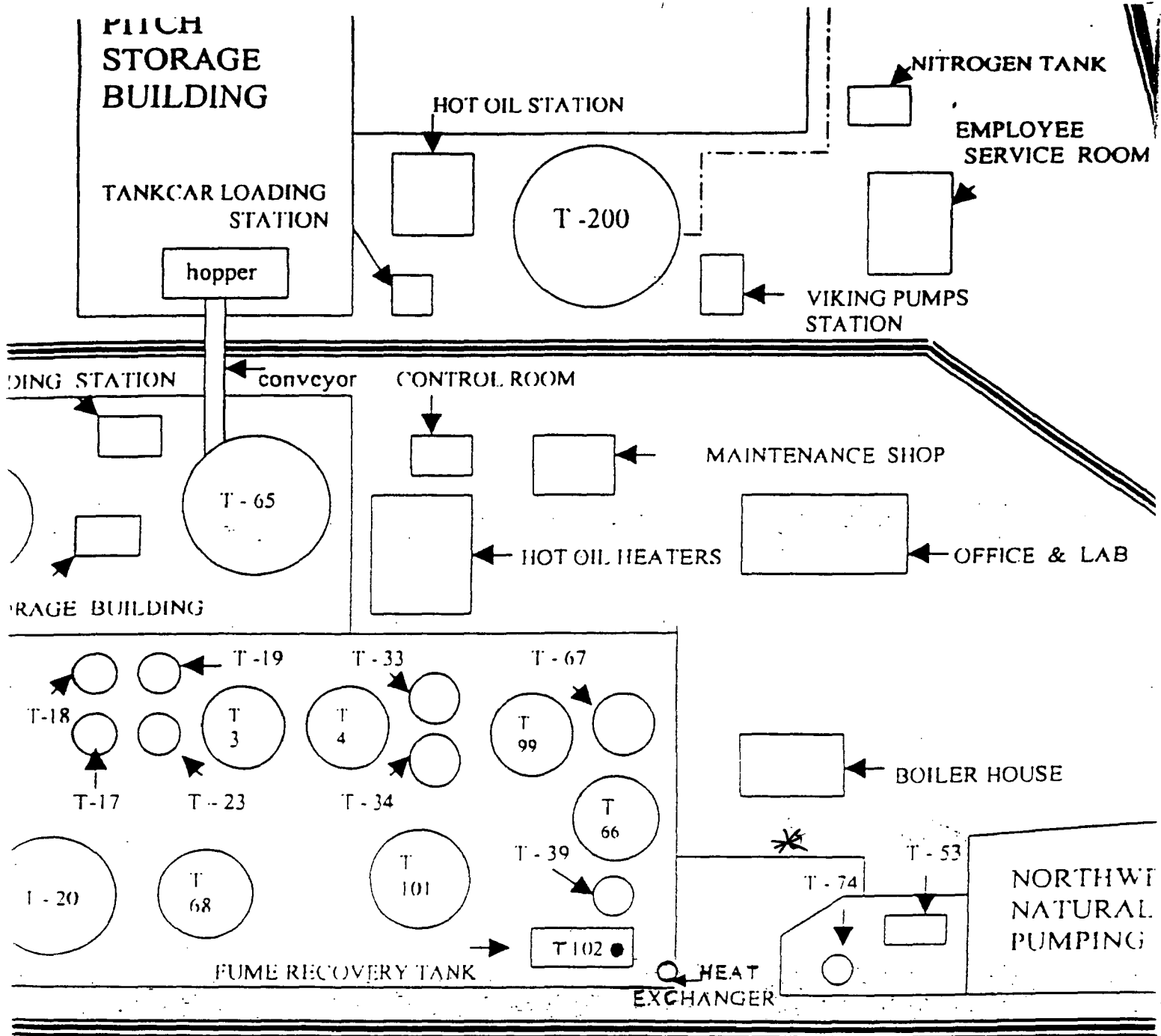
140°

Sun Location

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE <b>6-10-05</b>				START TIME <b>0620</b>	END TIME <b>0628</b>
SEC	0	15	30	45	COMMENTS
MIN					
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2	5	5	5	5	
3	10	10	5	10	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>	DATE <b>6-10-05</b>
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION <b>Koppers Inc.</b>	
CERTIFIED BY <b>Yakima Clean Air Authority</b>	DATE <b>7-16-05</b>
CONTINUED ON VED FORM NUMBER	

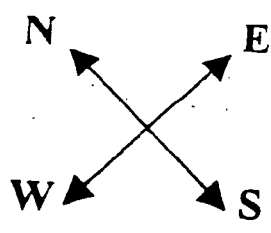
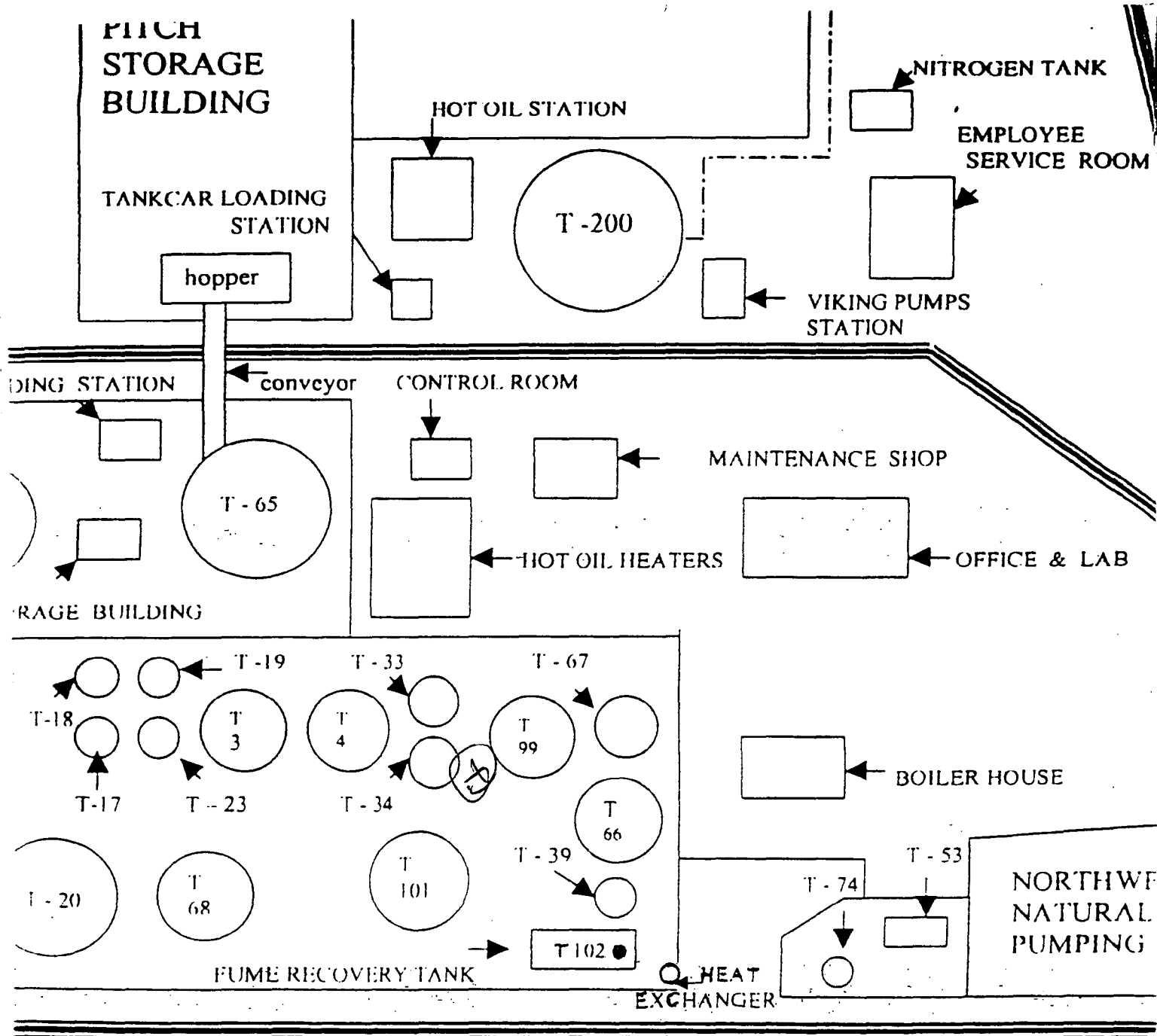


# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE <b>OR</b>
ZIP <b>97210</b>	
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID NUMBER <b>26-2930</b>
PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
<b>on top of recovery tank.</b>	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER <b>Start 11ft. End same</b>
DISTANCE FROM OBSERVER <b>Start 85ft End same</b>	DIRECTION FROM OBSERVER <b>Start South End same</b>
DESCRIBE EMISSIONS <b>Start Lifting End same</b>	
EMISSION COLOR <b>Start White End same</b>	IF WATER DROPLET PLUME <b>Attached <input type="checkbox"/> Detached <input type="checkbox"/></b>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED <b>Start 1 ft Above Stack End same</b>	
DESCRIBE PLUME BACKGROUND <b>Start Taxes/Hillside End same</b>	
BACKGROUND COLOR <b>Start Green End same</b>	SKY CONDITIONS <b>Start Overcast End same</b>
WIND SPEED <b>Start 3-5 mph End same</b>	WIND DIRECTION <b>Start West End same</b>
AMBIENT TEMP <b>Start 68 End</b>	WET BULB TEMP <b>44.96</b>
<div style="display: flex; justify-content: space-between;"> <div> <p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> </div> <div> <p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p> </div> </div>	
ADDITIONAL INFORMATION	

OBSERVATION DATE <b>7-7-05</b>		START TIME <b>1700</b>		END TIME <b>1706</b>	COMMENTS
SEC	0	15	30	45	
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4	0	5	0	0	
5	5	5	0	0	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>					DATE <b>7-7-05</b>
OBSERVER'S SIGNATURE <i>[Signature]</i>					
ORGANIZATION <b>Koppers Inc.</b>					DATE <b>7-16-05</b>
CERTIFIED BY <b>Yakima Clean Air Authority</b>					
CONTINUED ON VED FORM NUMBER					





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22 inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start End Same

DISTANCE FROM OBSERVER  
Start 70' End Same

DIRECTION FROM OBSERVER  
Start West End Same

DESCRIBE EMISSIONS  
Start Looping End Same

EMISSION COLOR  
Start White End Same

IF WATER DROPLET PLUME  
Attached ☒ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start 1 ft above stack End Same

DESCRIBE PLUME BACKGROUND  
Start Trees Hillside End Same

BACKGROUND COLOR  
Start Green/Brown End Same

SKY CONDITIONS  
Start Cloudy End Same

WIND SPEED  
Start 5 mph End Same

WIND DIRECTION  
Start North End Same

AMBIENT TEMP  
Start 56°F End Same

WET BULB TEMP  
Start 10°F

RH. percent

Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Draw North Arrow

Emission Point

Observer's Position

140°

Sun Location

ADDITIONAL INFORMATION

OBSERVATION DATE				START TIME	END TIME
5-12-03				0615	0622
SEC	0	15	30	45	COMMENTS
1	5	5	5	0	
2	0	5	10	5	
3	0	0	5	10	
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7	5	5	5	5	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
[Signature]

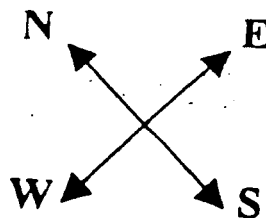
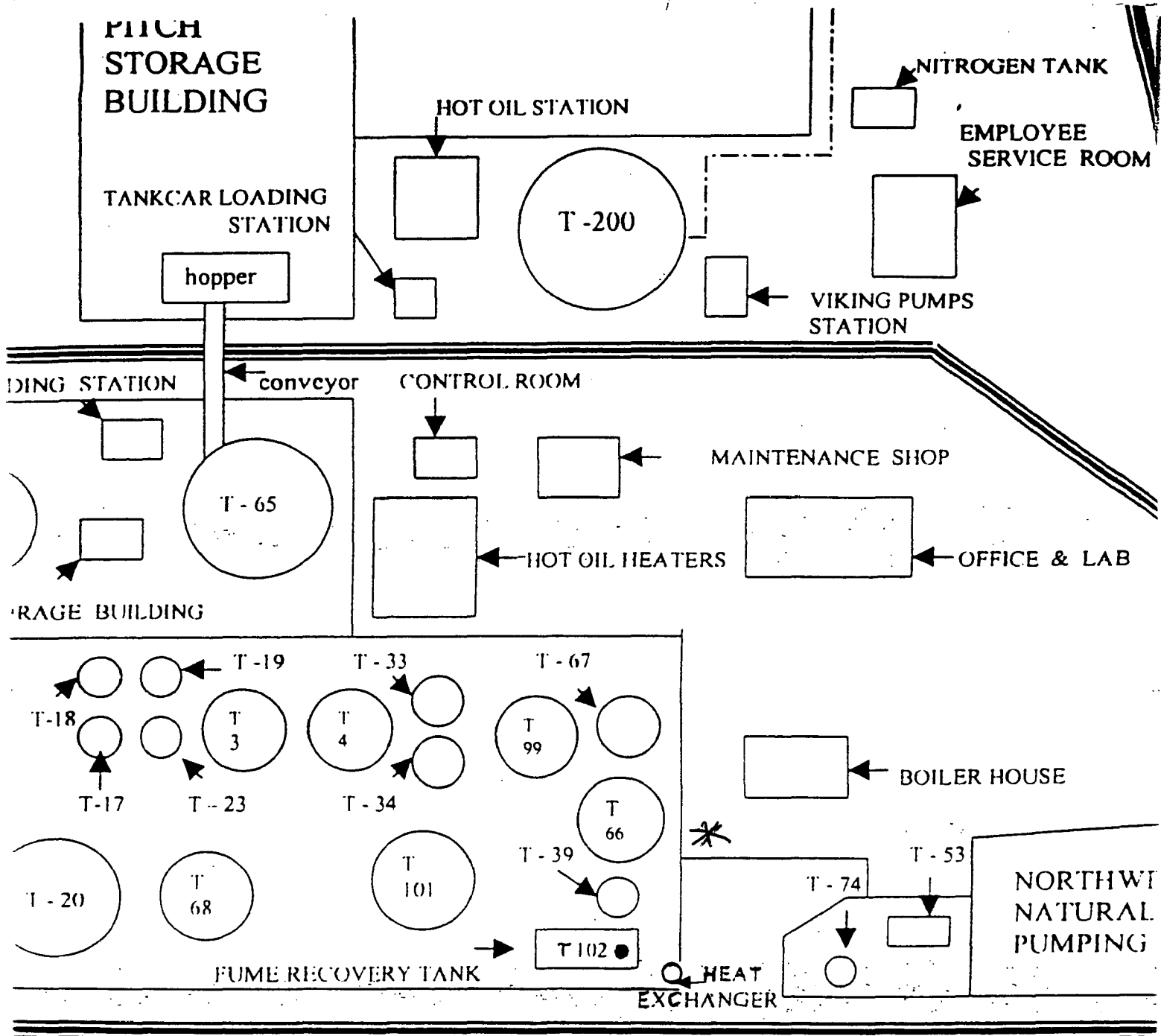
DATE  
5-12-03

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
9-16-05

CONTINUED ON VED FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22 inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 14 End Same

DISTANCE FROM OBSERVER  
Start 65 ft End Same

DIRECTION FROM OBSERVER  
Start WNW End Same

DESCRIBE EMISSIONS  
Start Fumigation End Same

EMISSION COLOR  
Start White End Same

IF WATER DROPLET PLUME  
Attached ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of stack End Same

DESCRIBE PLUME BACKGROUND  
Start Trees/Hillside End Same

BACKGROUND COLOR  
Start Green End Same

SKY CONDITIONS  
Start Clear End Same

WIND SPEED  
Start 3-5 mph End Same

WIND DIRECTION  
Start South End Same

AMBIENT TEMP  
Start 55°F End 57°F

WET BULB TEMP  
42%

Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Draw North Arrow

Emission Point

Observer's Position

140°

Sun Location

ADDITIONAL INFORMATION  
Deprey arrow  
unloading ship

OBSERVATION DATE				START TIME	END TIME
8-22-05				0715	0721
SEC	0	15	30	45	COMMENTS
MIN					
1	0	0	5	0	
2	5	5	0	0	
3	5	0	0	5	
4	5	5	5	10	
5	5	10	10	10	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert. -1517

OBSERVER'S SIGNATURE  
[Signature]

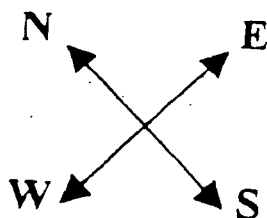
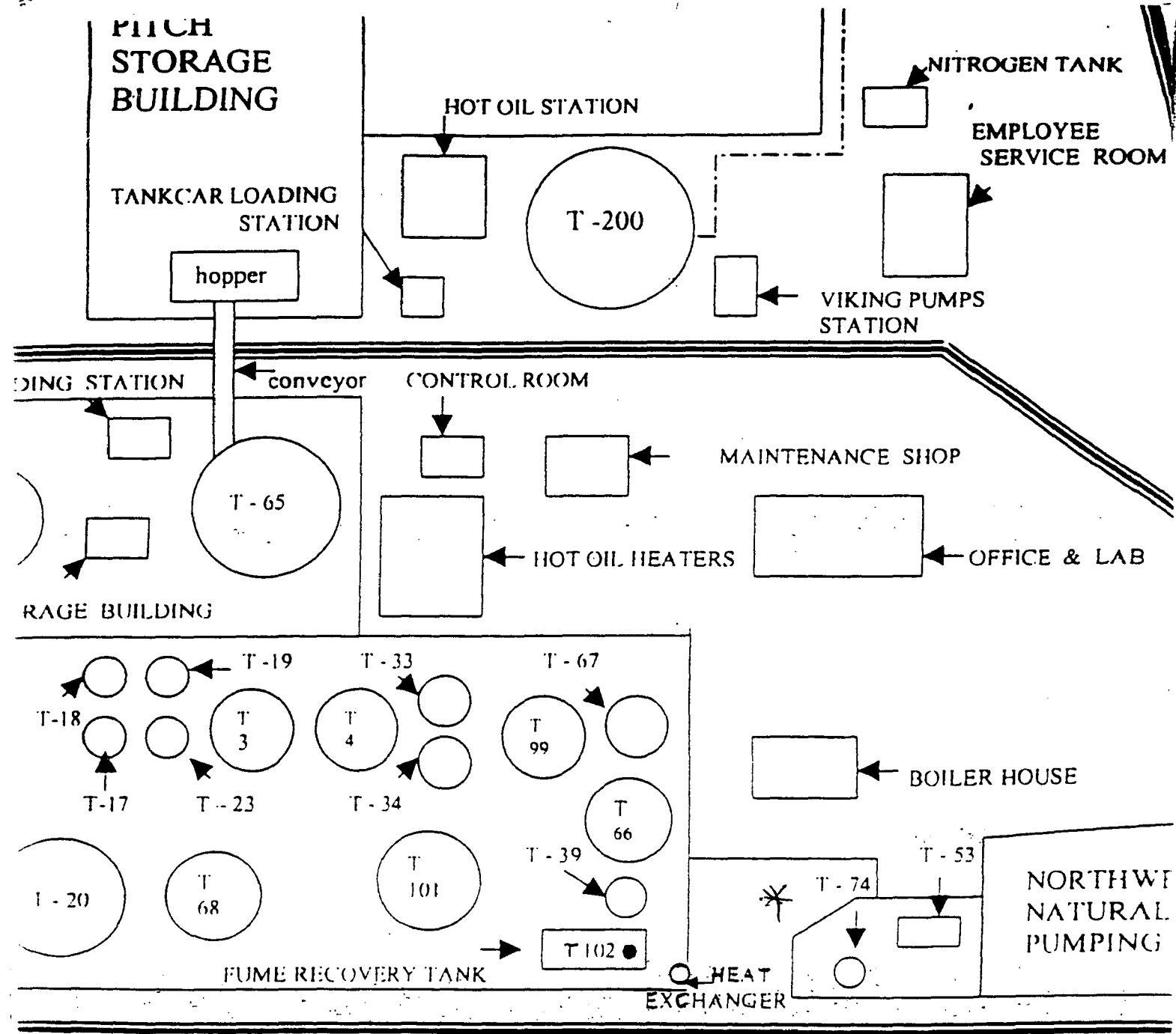
DATE  
8-22-05

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
9-16-05

CONTINUED ON VED FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE <b>OR</b>
ZIP <b>97210</b>	SOURCE ID NUMBER <b>26-2930</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	

PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT  
**22 inch diameter stack**

**on top of recovery tank.**

HEIGHT ABOVE GROUND LEVEL: **25 ft.** HEIGHT RELATIVE TO OBSERVER: **Start 15 ft. End Same**

DISTANCE FROM OBSERVER: **Start 65 ft. End Same** DIRECTION FROM OBSERVER: **Start West End Same**

DESCRIBE EMISSIONS

Start **Lofting** End **Same**

EMISSION COLOR: **White** IF WATER DROPLET PLUME: **Attached**

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: **1 ft above stack**

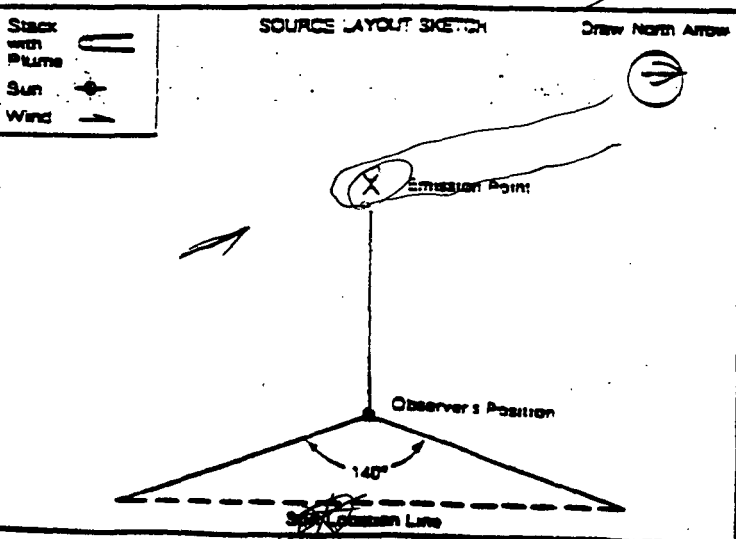
DESCRIBE PLUME BACKGROUND

Start **Trees/Hills** End **Same**

BACKGROUND COLOR: **Green/Brown** SKY CONDITIONS: **Overcast**

WIND SPEED: **Calm** WIND DIRECTION: **South**

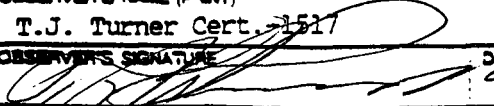
AMBIENT TEMP: **50** WET BULB TEMP: **49** RH. percent: **79**



ADDITIONAL INFORMATION

OBSERVATION DATE <b>9-28-05</b>		START TIME <b>0640</b>		END TIME <b>0647</b>	
SEC	0	15	30	45	COMMENTS
1	5	10	10	10	
2	10	10	10	10	
3	5	5	5	5	
4	10	5	5	10	
5	10	10	10	10	
6	15	10	10	10	
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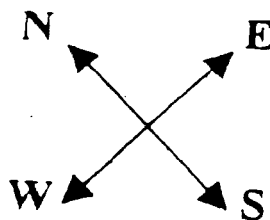
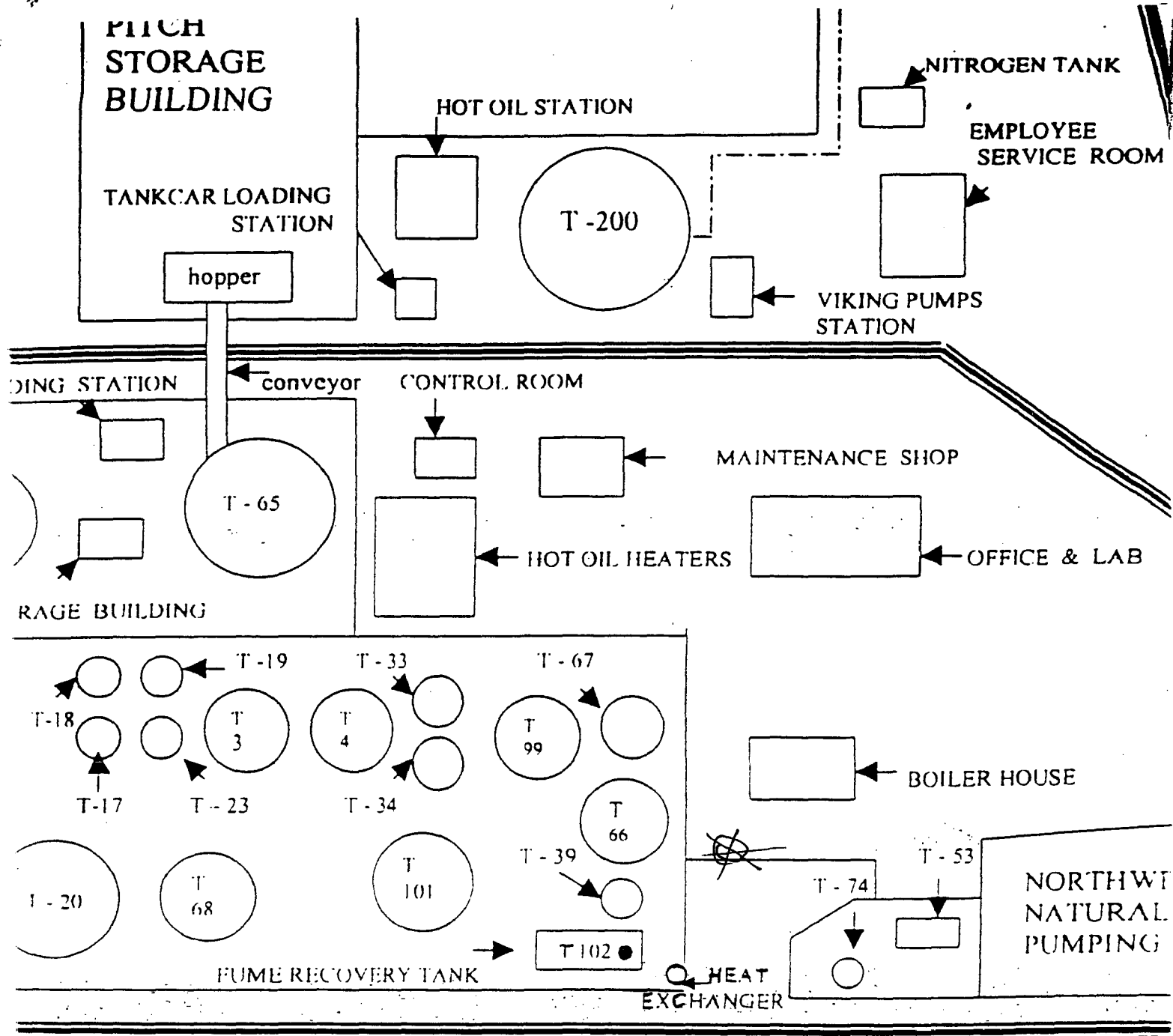
OBSERVER'S NAME (PRINT): **T.J. Turner Cert. 1517**

OBSERVER'S SIGNATURE:  DATE: **9-28-05**

ORGANIZATION: **Koppers Inc.**

CERTIFIED BY: **Yakima Clean Air Authority** DATE: **3-30-06**

CONTINUED ON VED FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End same

DISTANCE FROM OBSERVER  
Start 10' End same

DIRECTION FROM OBSERVER  
Start West End same

DESCRIBE EMISSIONS  
Start Fanning End same

EMISSION COLOR  
Start White End same

IF WATER DROPLET PLUME  
Assigned ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of Stack End same

DESCRIBE PLUME BACKGROUND  
Start Trees/Hillside End same

BACKGROUND COLOR  
Start Blue/Grey End same

SKY CONDITIONS  
Start overcast End

WIND SPEED  
Start 7 mph End same

WIND DIRECTION  
Start SE End same

AMBIENT TEMP  
Start 48 F End same

WET BULB TEMP  
RH. percent 82%

Stack with Plume

Sun

Wind

SOURCE LAYOUT SKETCH

Draw North Arrow

Emission Point

Observer's Position

140°

Sun-Looson Line

ADDITIONAL INFORMATION

OBSERVATION DATE 10-25-05				START TIME 0700	END TIME 0706
SEC	0	15	30	45	COMMENTS
1	15	15	15	15	
2	10	10	15	10	
3	10	10	10	10	
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6	10	10	10	10	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
[Signature]

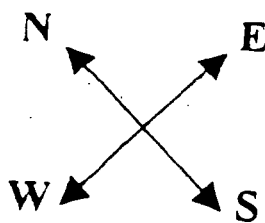
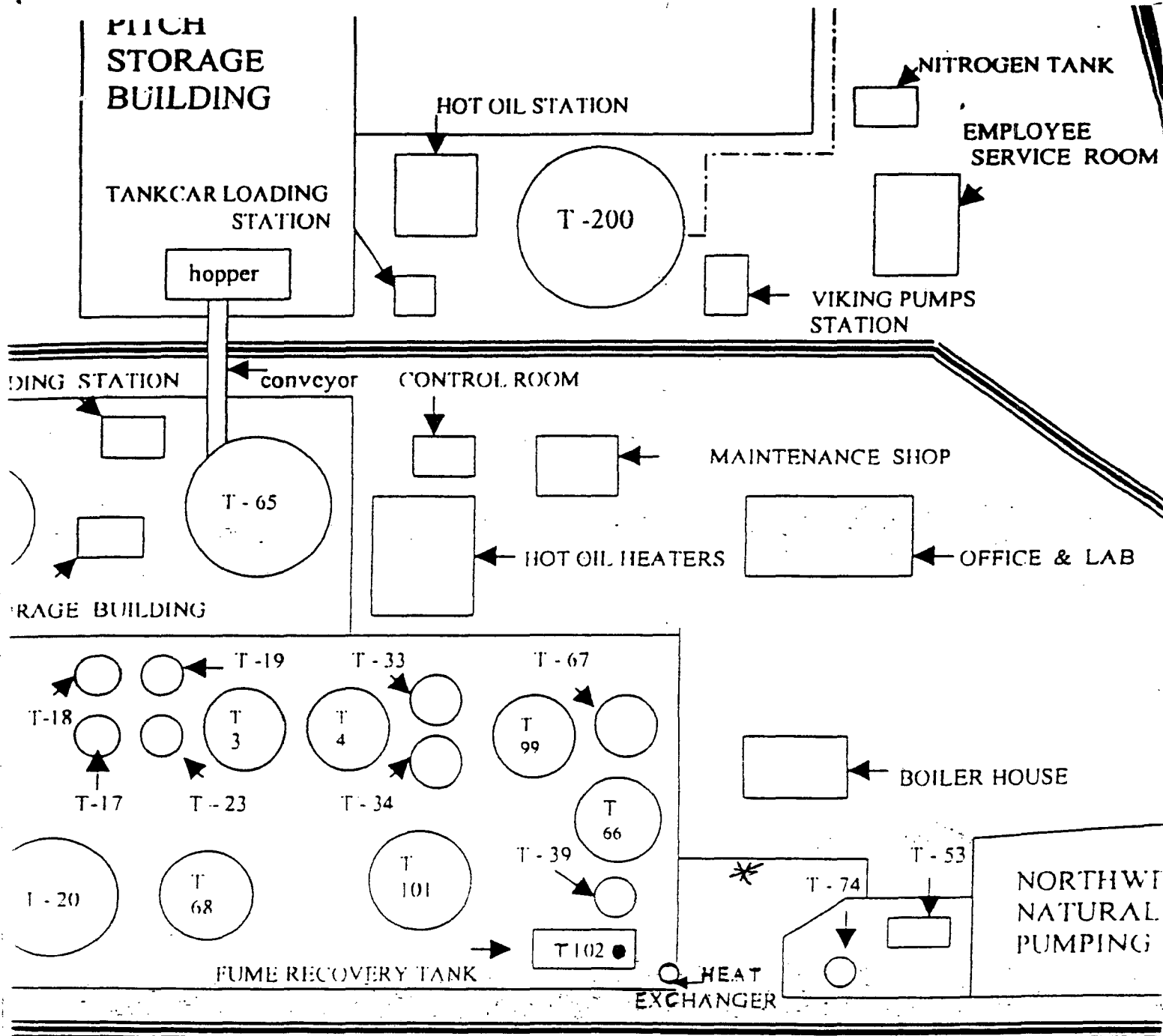
DATE  
10-25-05

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
3-30-05

CONTINUED ON VEO FORM NUMBER





COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 15 ft End same

DISTANCE FROM OBSERVER  
Start 60 ft End same

DIRECTION FROM OBSERVER  
Start WNW End same

DESCRIBE EMISSIONS  
Start Lofting End same

EMISSION COLOR  
Start white End same

IF WATER DROPLET PLUME  
Attached ☐ Detached ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start above stack tip End same

DESCRIBE PLUME BACKGROUND  
Start Hillside trees End same

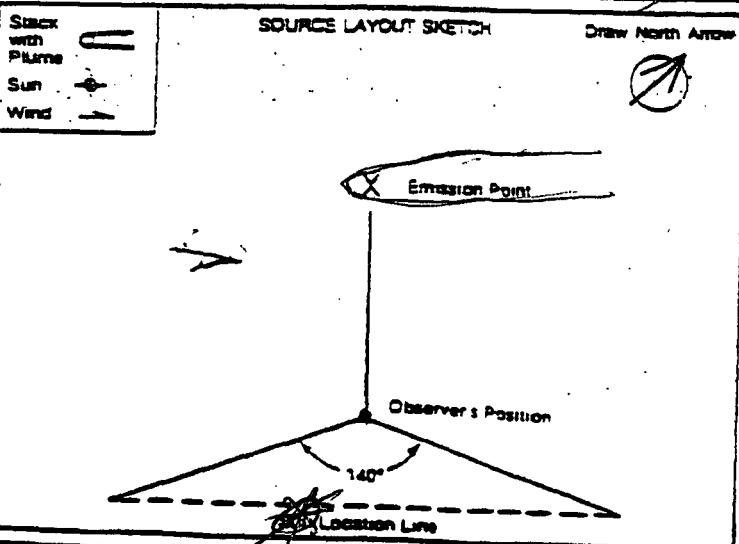
BACKGROUND COLOR  
Start Overcast End same

WIND SPEED  
Start 3.5 mph End same

WIND DIRECTION  
Start SE End same

AMBIENT TEMP  
Start 41°F End 41°F

WET BULB TEMP  
RH. Percent 83%



ADDITIONAL INFORMATION

OBSERVATION DATE				START TIME	END TIME
11-30-05				9:10 AM	9:17 AM
SEC	0	15	30	45	COMMENTS
1	15	15	15	10	
2	10	15	10	15	
3	15	15	15	15	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

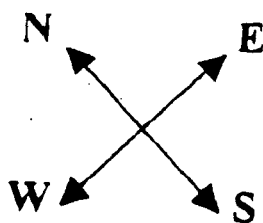
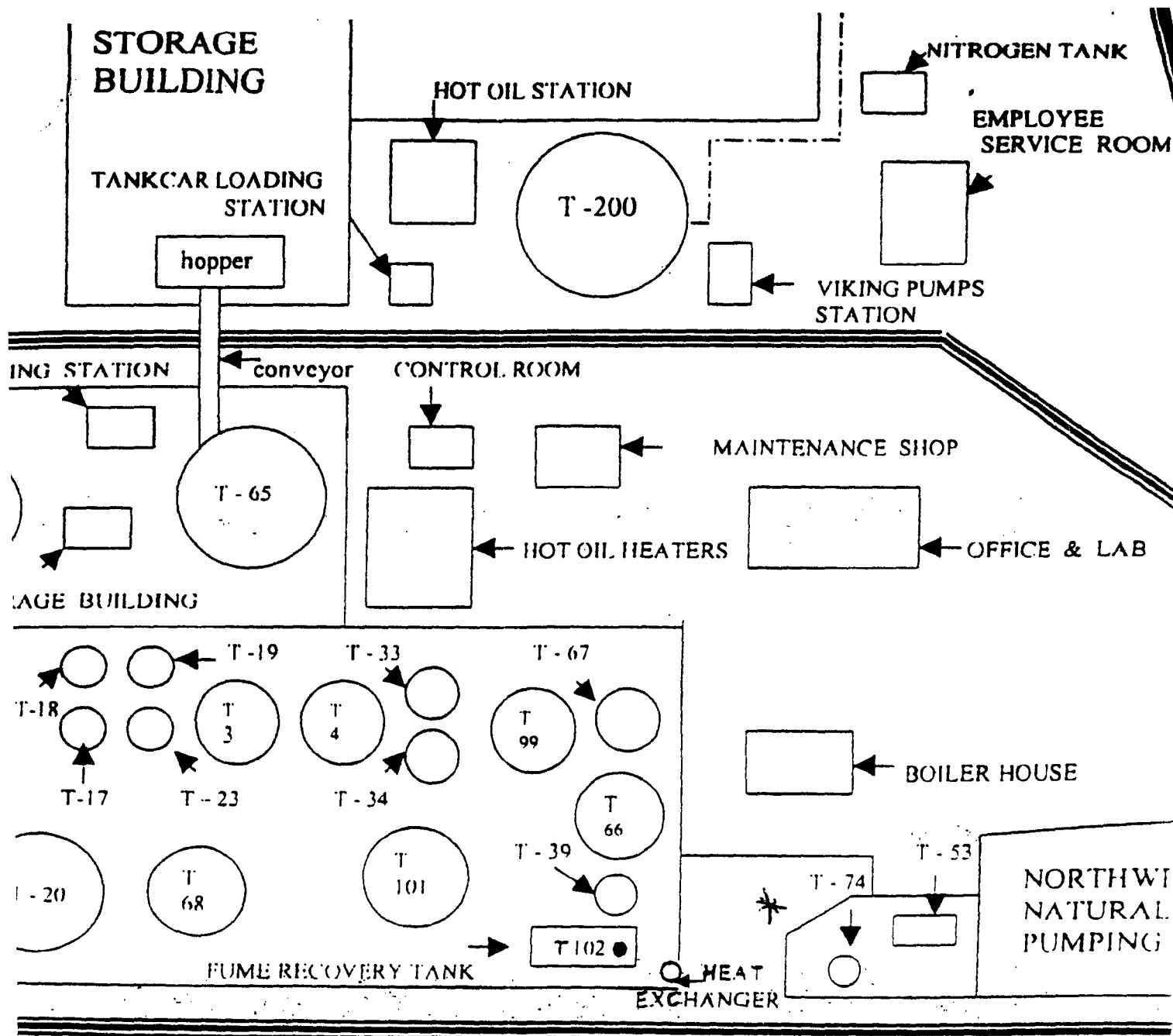
DATE  
11/30/05

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
3/30/05

CONTINUED ON VED FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME  
Koppers Inc.

STREET ADDRESS  
7540 N.W. St. Helens Rd.

CITY  
Portland

STATE  
OR

ZIP  
97210

PHONE (KEY CONTACT)  
503-286-3681

SOURCE ID NUMBER  
26-2930

PROCESS EQUIPMENT  
Fume Recovery System

OPERATING MODE  
Operating hours

CONTROL EQUIPMENT

OPERATING MODE

DESCRIBE EMISSION POINT  
22inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL  
25 ft.

HEIGHT RELATIVE TO OBSERVER  
Start 11ft. End Same

DISTANCE FROM OBSERVER  
Start 75' End Same

DIRECTION FROM OBSERVER  
Start WSW End Same

DESCRIBE EMISSIONS  
Start Lot Top End Same

EMISSION COLOR  
Start White End Same

IF WATER DROPLET PLUME  
Assigned ☐ Detected ☐

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED  
Start Top of Stack End Same

DESCRIBE PLUME BACKGROUND  
Start Hillside Trees End Same

BACKGROUND COLOR  
Start Overcast End Same

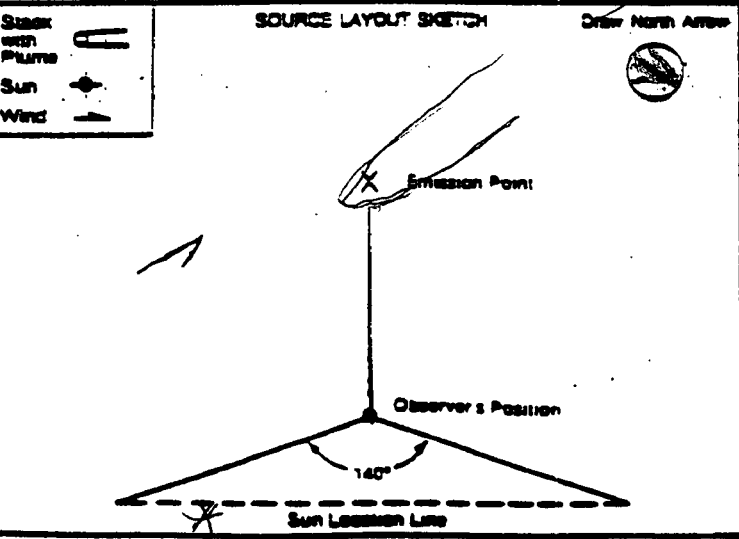
SKY CONDITIONS  
Start Cloudy End Same

WIND SPEED  
Start 5-7 MPH End Same

WIND DIRECTION  
Start SE End Same

AMBIENT TEMP  
Start 42°F End Same

WET BULB TEMP  
Start 91°F RH, percent



ADDITIONAL INFORMATION

OBSERVATION DATE 12-29-05				START TIME 0904	END TIME 0907
MIN	0	15	30	45	COMMENTS
1	10	10	10	10	
2	15	10	10	5	
3	5	5	10	10	
4	10	15	10	5	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

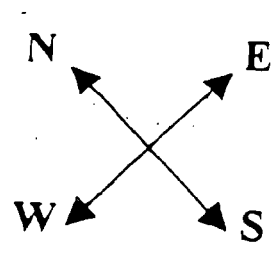
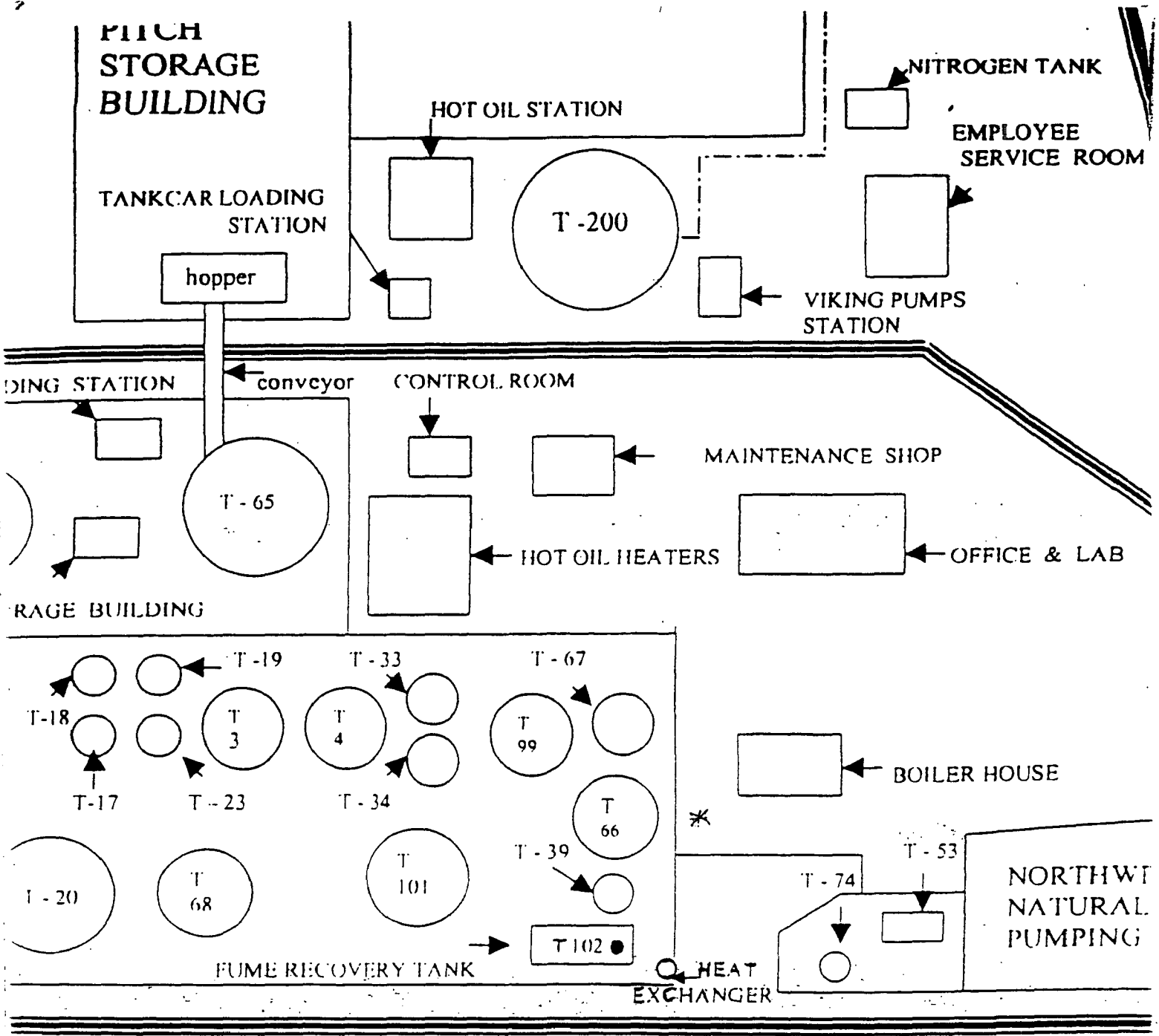
DATE  
12-29-05

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
3-30-06

CONTINUED ON VED FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE <b>OR</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	ZIP <b>97210</b>
PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
<b>on top of recovery tank.</b>	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>same</b>
DISTANCE FROM OBSERVER Start <b>70ft</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>S-SW</b> End <b>same</b>
DESCRIBE EMISSIONS Start <b>Fumigation</b> End <b>CONING</b>	
EMISSION COLOR Start <b>white</b> End <b>same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of the Stack</b> End <b>same</b>	
DESCRIBE PLUME BACKGROUND Start <b>Hillside Trees</b> End <b>same</b>	
BACKGROUND COLOR Start <b>Blue</b> End <b>same</b>	SKY CONDITIONS Start <b>Cloudy</b> End <b>same</b>
WIND SPEED Start <b>light</b> End <b>same</b>	WIND DIRECTION Start <b>West</b> End <b></b>
AMBIENT TEMP Start <b>32°F</b> End <b>same</b>	WET BULB TEMP Start <b>86°F</b> End <b>same</b>
<div style="display: flex; justify-content: space-between;"> <div> <p>Stack with Plume</p> <p>Sun</p> <p>Wind</p> </div> <div> <p>SOURCE LAYOUT SKETCH</p> </div> <div> <p>Draw North Arrow</p> </div> </div>	
ADDITIONAL INFORMATION	

OBSERVATION DATE					START TIME	END TIME
1-20-04					0800	0807
SEC	0	15	30	45	COMMENTS	
1	15	15	10	15		
2	15	15	15	10		
3	15	10	10	10		
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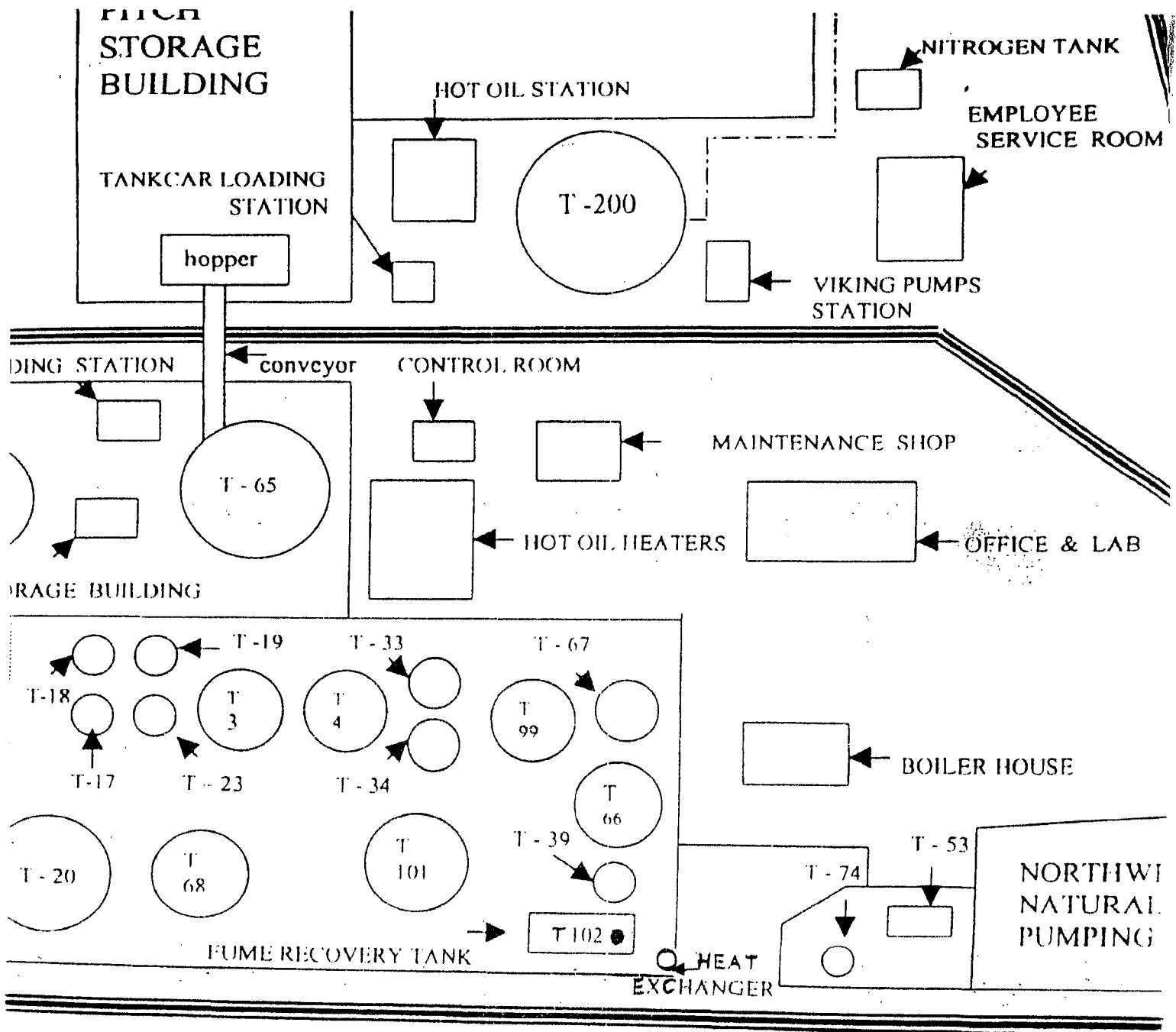
OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner* DATE  
1-20-04

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority DATE  
3-17-04

CONTINUED ON VED FORM NUMBER



## VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE OR ZIP <b>OR 97210</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID. NUMBER <b>26-2930</b>

PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>11ft.</b> End <b>Same</b>
DISTANCE FROM OBSERVER Start <b>55 ft</b> End <b>Same</b>	DIRECTION FROM OBSERVER Start <b>West</b> End <b>Same</b>

DESCRIBE EMISSION Start <b>lofting</b> End <b>Same</b>	
EMISSION COLOR Start <b>white</b> End <b>Same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>Top of Stack</b> End <b>Same</b>	

DESCRIBE PLUME BACKGROUND Start <b>lofting</b> End <b>Same</b>	
BACKGROUND COLOR Start <b>brown</b> End <b>Same</b>	SKY CONDITIONS Start <b>Cloudy</b> End <b>Same</b>
WIND SPEED Start <b>calm</b> End <b>Same</b>	WIND DIRECTION Start <b>rising</b> End <b>Same</b>
AMBIENT TEMP Start <b>40°F</b> End <b>Same</b>	WET BULB TEMP RH. percent <b>68%</b>

Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH Draw North Arrow

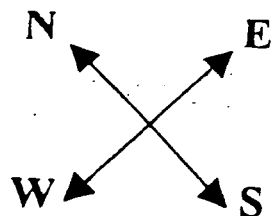
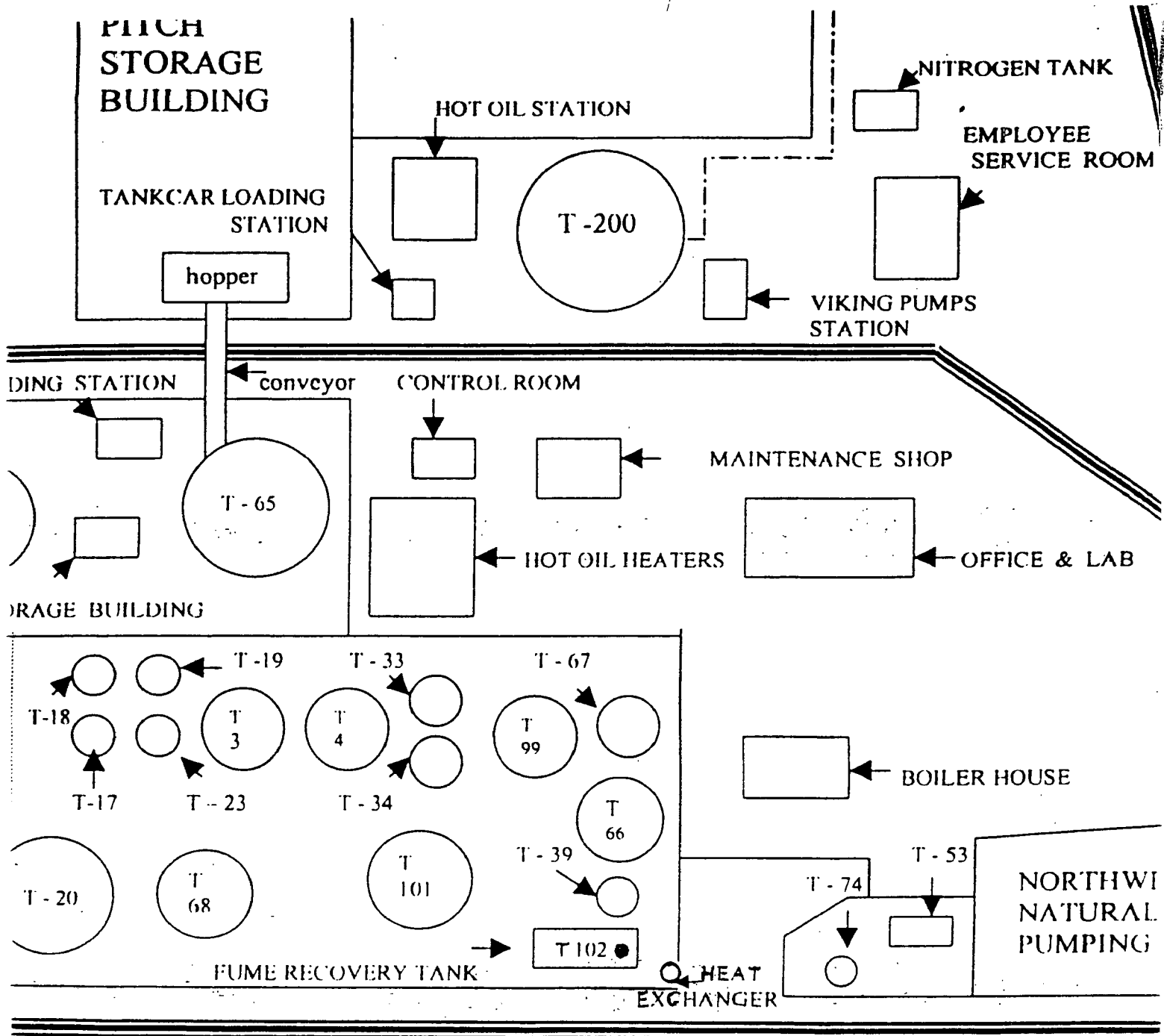
ADDITIONAL INFORMATION
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OBSERVATION DATE <b>2-19-04</b>		START TIME <b>0745</b>		END TIME <b>0752</b>	
SEC	0	15	30	45	COMMENTS
MIN					
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2	10	15	15	15	
3	15	15	15	15	
4	10	10	10	5	
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6	5	5	5	10	
7	15	15	10	10	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert.-1517</b>	DATE <b>2-19-04</b>
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION <b>Koppers Inc.</b>	

CERTIFIED BY <b>Yakima Clean Air Authority</b>	DATE <b>3-17-04</b>
---	------------------------

CONTINUED ON VEO FORM NUMBER	
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# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 55ft End same	DIRECTION FROM OBSERVER Start West End same

DESCRIBE EMISSIONS Start <i>Lofting</i> End <i>same</i>	
EMISSION COLOR Start <i>white</i> End <i>same</i>	IF WATER DROPLET PLUME Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>12 in above stack</i> End <i>same</i>	

DESCRIBE PLUME BACKGROUND Start <i>Trees/Hillside</i> End <i>same</i>	
BACKGROUND COLOR Start <i>blue/gray</i> End <i>same</i>	SKY CONDITIONS Start <i>overcast</i> End <i>same</i>
WIND SPEED Start <i>calm</i> End <i>same</i>	WIND DIRECTION Start <i>S.E.</i> End <i>same</i>
AMBIENT TEMP Start <i>50°F</i> End <i>51°F</i>	WET BULB TEMP RH, percent <i>66%</i>

Stack with Plume	
Sun	
Wind	
<p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p> <p>Emission Point</p> <p>Observer's Position</p> <p>140°</p> <p>Sun Location</p>	

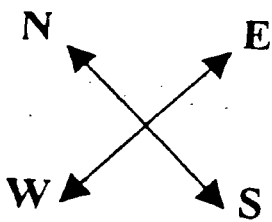
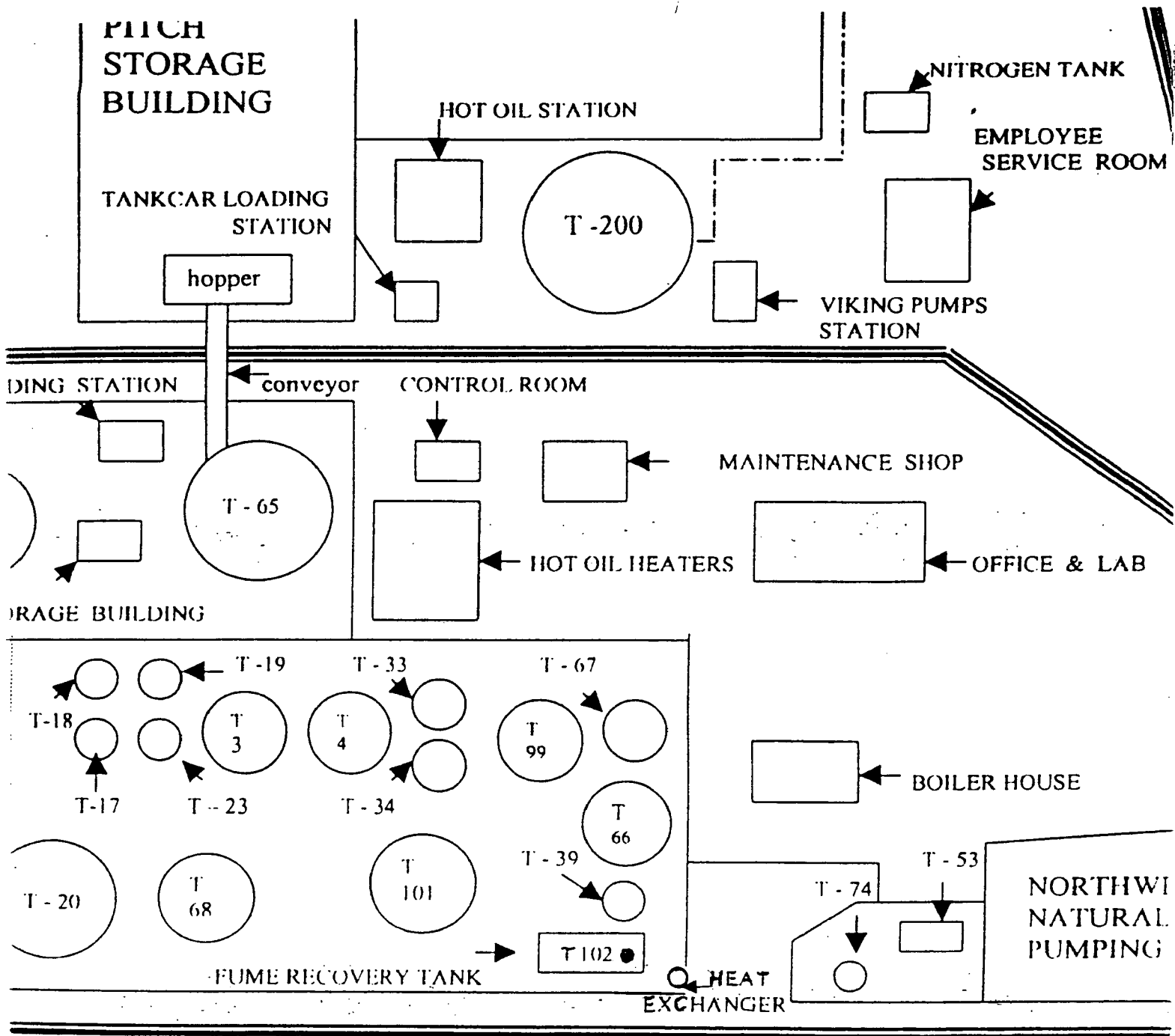
ADDITIONAL INFORMATION
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OBSERVATION DATE		START TIME		END TIME	
3-18-04		0700		0708	
SEC	0	15	30	45	COMMENTS
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3	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 3-18-04
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION Koppers Inc.	

CERTIFIED BY Yakima Clean Air Authority	DATE 3-17-04
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CONTINUED ON VEO FORM NUMBER	
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# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT  
22 inch diameter stack

on top of recovery tank.

HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70 FT End same	DIRECTION FROM OBSERVER Start SW. End same

DESCRIBE EMISSIONS

Start *feeding* End *same*

EMISSION COLOR Start <i>white</i> End <i>same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>top of stack exhaust</i> End <i>same</i>	

DESCRIBE PLUME BACKGROUND

Start *Trees* End *same*

BACKGROUND COLOR Start <i>GREEN</i> End <i>same</i>	SKY CONDITIONS Start <i>partial clouds</i> End <i>same</i>
WIND SPEED Start <i>Light 5 mph</i> End <i>same</i>	WIND DIRECTION Start <i>ESE</i> End <i>same</i>
AMBIENT TEMP Start <i>51°F</i> End <i>same</i>	WET BULB TEMP Start <i>53°F</i> End <i>same</i>

SOURCE LAYOUT SKETCH

Stack with Plume

Sun

Wind

Draw North Arrow

ADDITIONAL INFORMATION

OBSERVATION DATE 4-27-04				START TIME 0650	END TIME 0658
SEC	0	15	30	45	COMMENTS
MIN					
1	5	5	10	5	
2	5	5	5	5	
3	5	10	10	10	
4	5	10	5	5	
5	0	0	0	5	
6	5	0	5	5	
7	0	0	0	5	
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OBSERVER'S NAME (PRINT)  
T.J. Turner Cert.-1517

OBSERVER'S SIGNATURE  
*T.J. Turner*

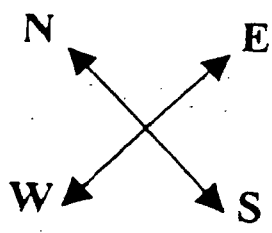
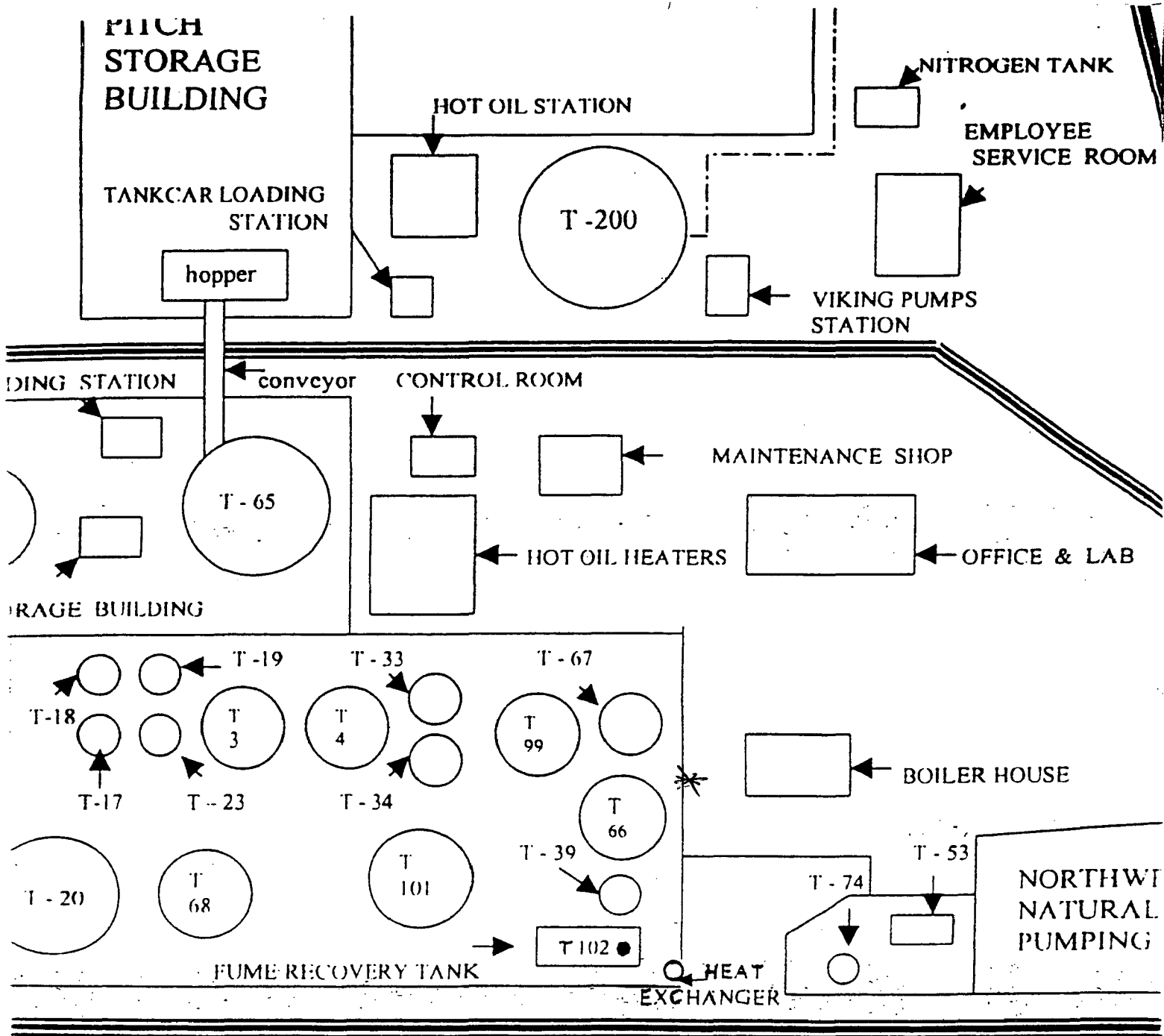
DATE  
4-27-04

ORGANIZATION  
Koppers Inc.

CERTIFIED BY  
Yakima Clean Air Authority

DATE  
9-17-04

CONTINUED ON VEO FORM NUMBER



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 75ft End same	DIRECTION FROM OBSERVER Start WSW End same

DESCRIBE EMISSIONS Start Lot Tidy End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack End same	

DESCRIBE PLUME BACKGROUND Start Trees Hillside End same	
BACKGROUND COLOR Start GRN. End same	SKY CONDITIONS Start clear End same
WIND SPEED Start calm End same	WIND DIRECTION Start west End same
AMBIENT TEMP Start 55°F End same	WET BULB TEMP 54°F

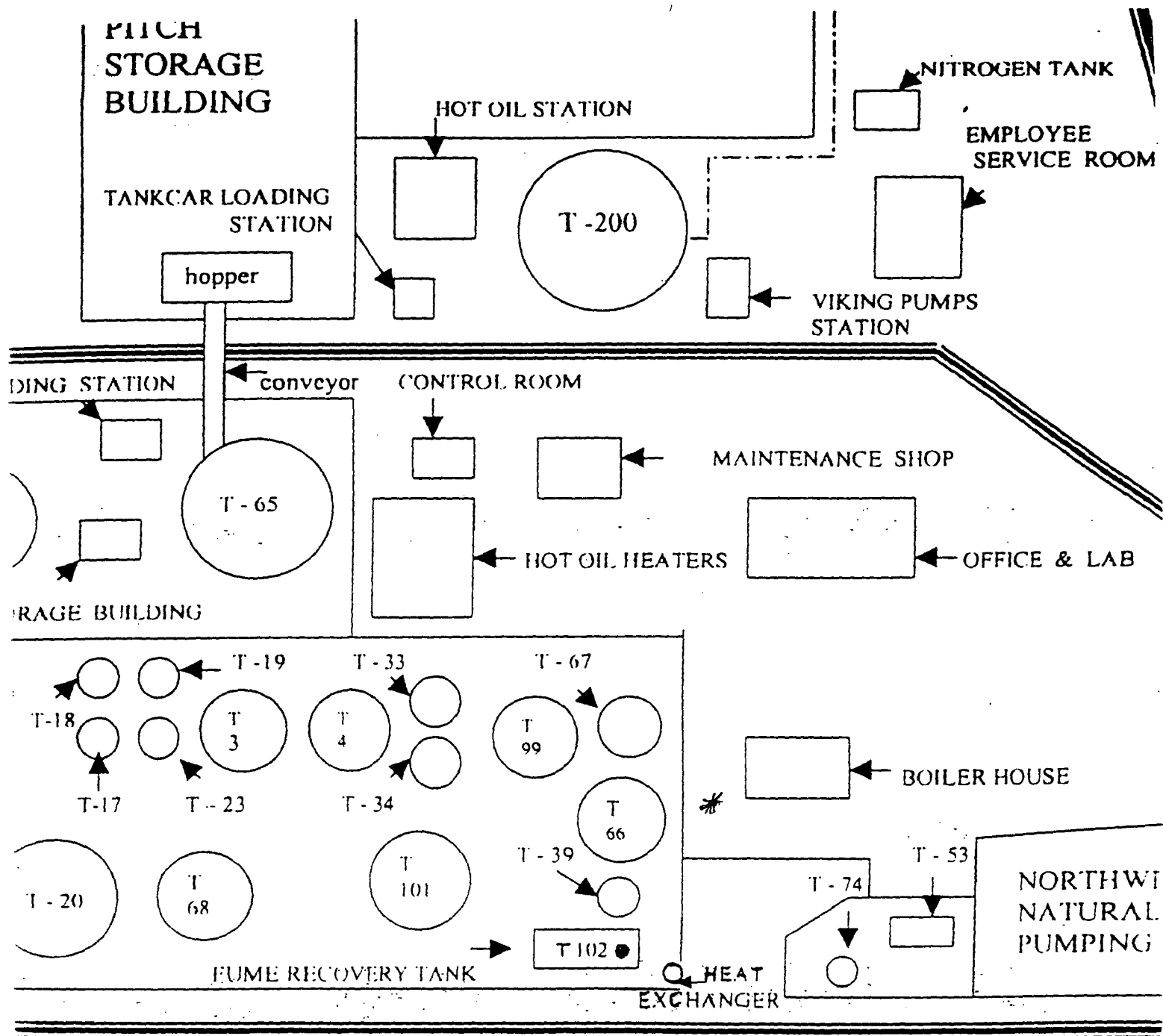
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 5-20-04		START TIME 0130		END TIME 0137	
SEC	0	15	30	45	COMMENTS
MIN					
1	5	5	5	5	
2	5	5	10	10	
3	10	10	10	15	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE	DATE 5-20-04
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-17-04

CONTINUED ON VEO FORM NUMBER
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# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 70ft End Same	DIRECTION FROM OBSERVER Start WSW End Same

DESCRIBE EMISSIONS	
Start Looping	End Same
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1ft above stack End Same	

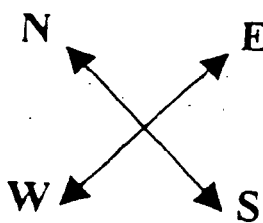
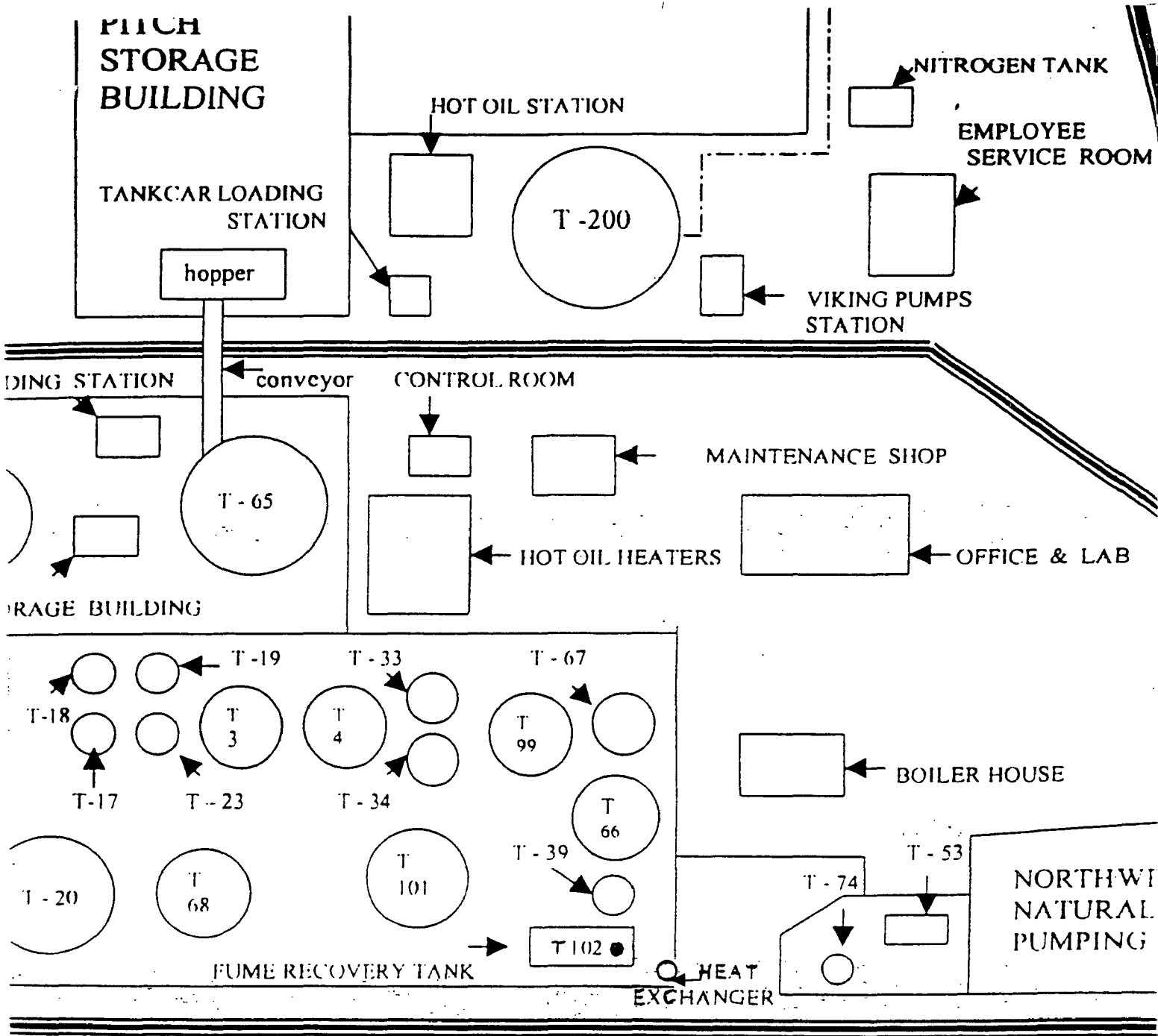
DESCRIBE PLUME BACKGROUND	
Start Trees Hills etc	End Same
BACKGROUND COLOR Start GRN End Same	SKY CONDITIONS Start Clear End Same
WIND SPEED Start 5 mph End Same	WIND DIRECTION Start WNW End
AMBIENT TEMP Start 58°F End 59°F	WET BULB TEMP 36%

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 6-22-04		START TIME 0645		END TIME 0651	COMMENTS
SEC	MIN	0	15	30	
1	5	5	5	0	
2	0	5	5	5	
3	5	5	5	5	
4	0	0	0	5	
5	5	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 6-22-04
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 6-17-04
CONTINUED ON VED FORM NUMBER	





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 80 End same	DIRECTION FROM OBSERVER Start West End same
DESCRIBE EMISSIONS Start Lifting End same	
EMISSION COLOR Start WHI End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack End same	

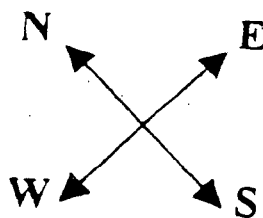
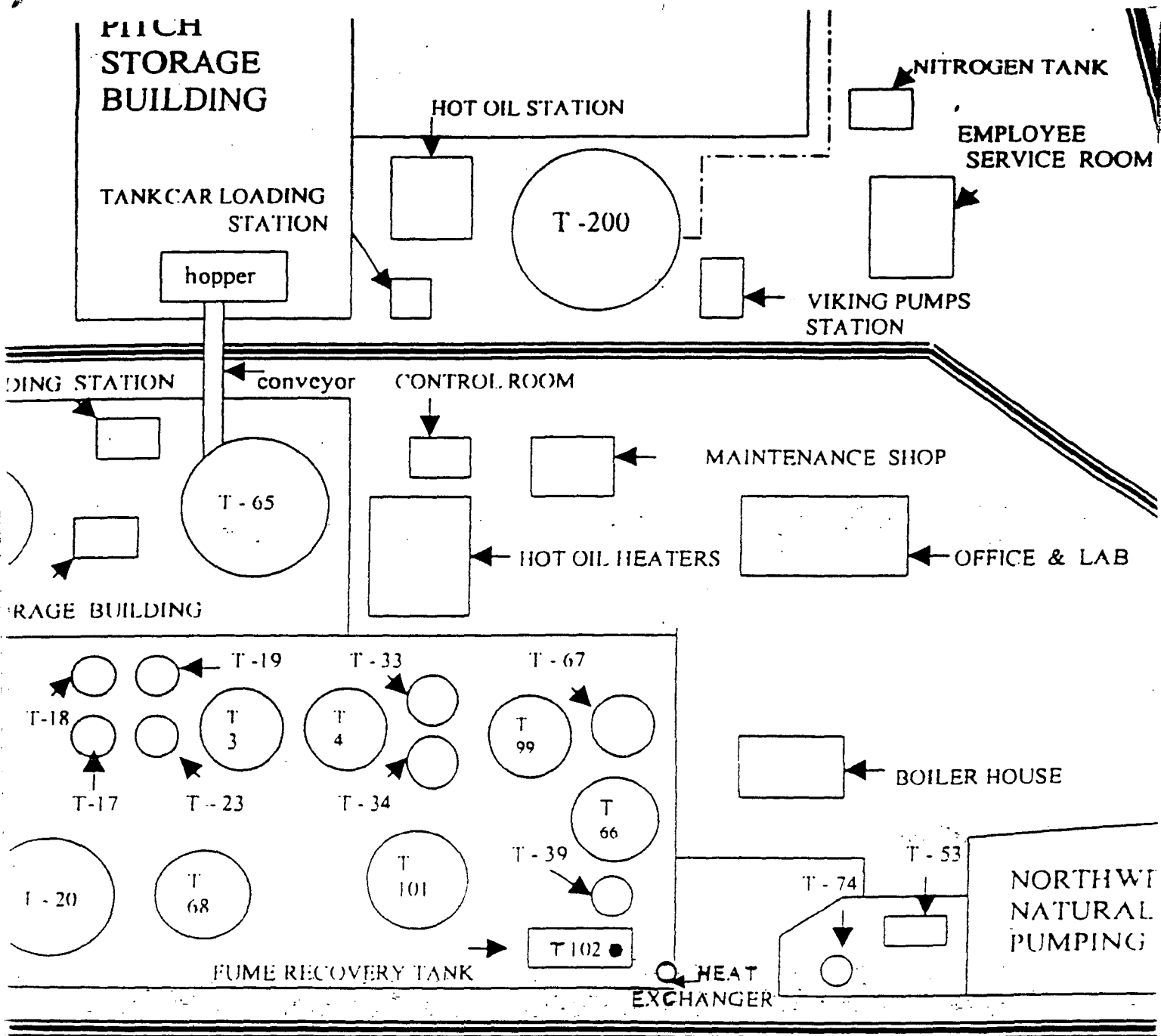
DESCRIBE PLUME BACKGROUND Start Hides Trees End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start Clear End same
WIND SPEED Start calm End same	WIND DIRECTION Start South End same
AMBIENT TEMP Start 67°F End same	WET BULB TEMP 35%

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE		START TIME		END TIME	
7-20-04		0651		0658	
SEC	0	15	30	45	COMMENTS
MIN					
1	0	0	0	6	
2	0	0	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE 	DATE 7-20-04
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 7-17-04
CONTINUED ON VED FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70ft End same	DIRECTION FROM OBSERVER Start SW. End same

DESCRIBE EMISSIONS Start Loading End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 12" above stack End same	

DESCRIBE PLUME BACKGROUND Start Trees Hillsides End same	
BACKGROUND COLOR Start Green End same	SKY CONDITIONS Start Clear End same
WIND SPEED Start calm End same	WIND DIRECTION Start East End same
AMBIENT TEMP Start 60°F End same	WET BULB TEMP 78°

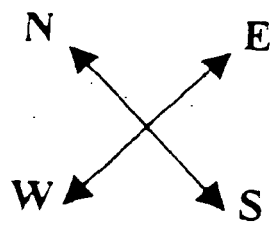
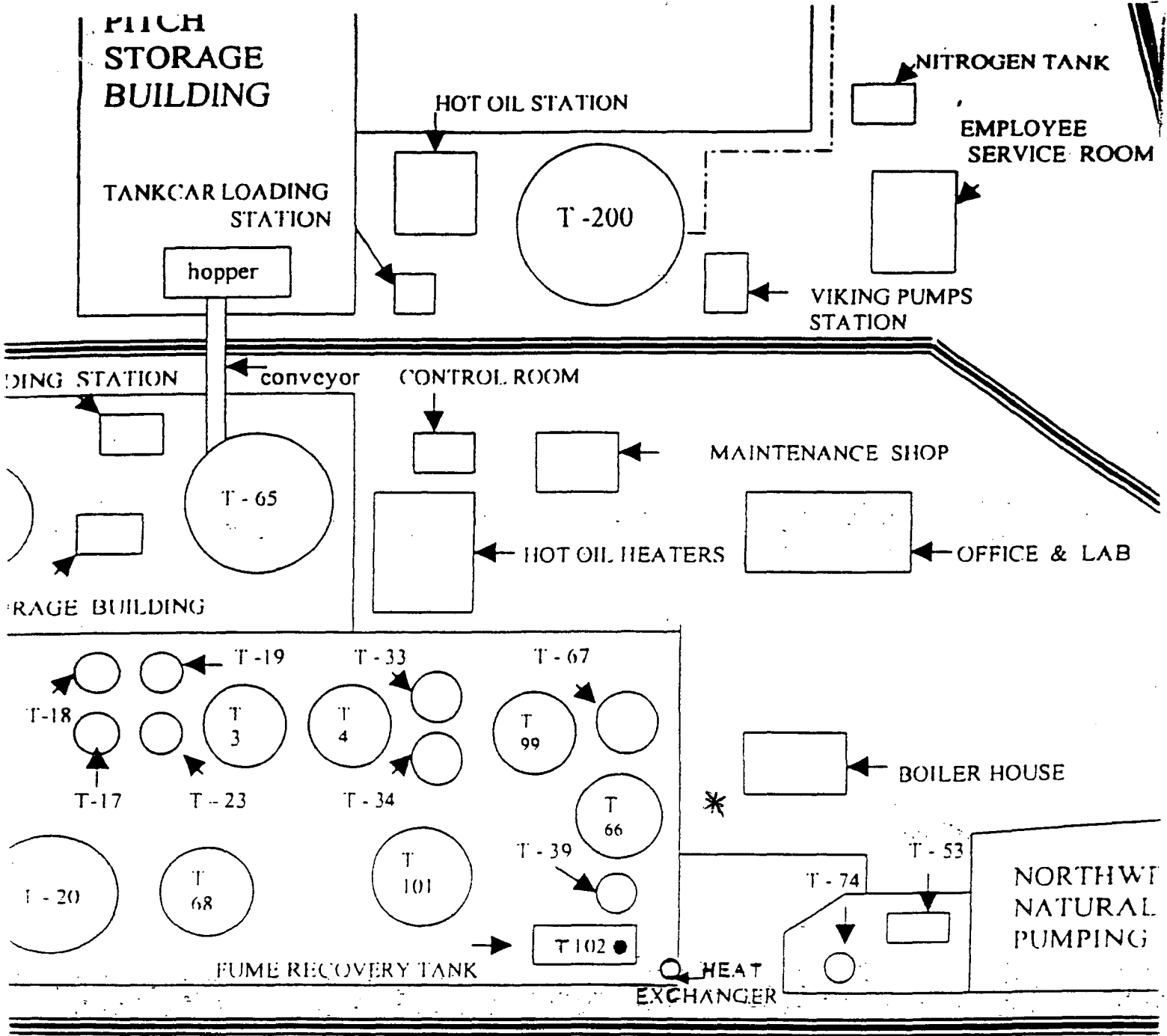
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 8-24-04				START TIME 0650	END TIME 0657
SEC	0	15	30	45	COMMENTS
MIN					
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2	0	0	0	5	
3	3	5	0	0	
4	0	5	5	0	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517
OBSERVER'S SIGNATURE <i>T.J. Turner</i>
DATE 8-24-04
ORGANIZATION Koppers Inc.

CERTIFIED BY Yakima Clean Air Authority	DATE 9-17-04
CONTINUED ON VEO FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 10ft End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS Start Lifting End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Stack Top End Same	

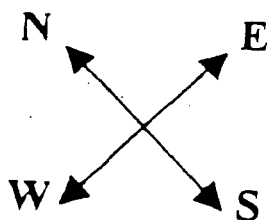
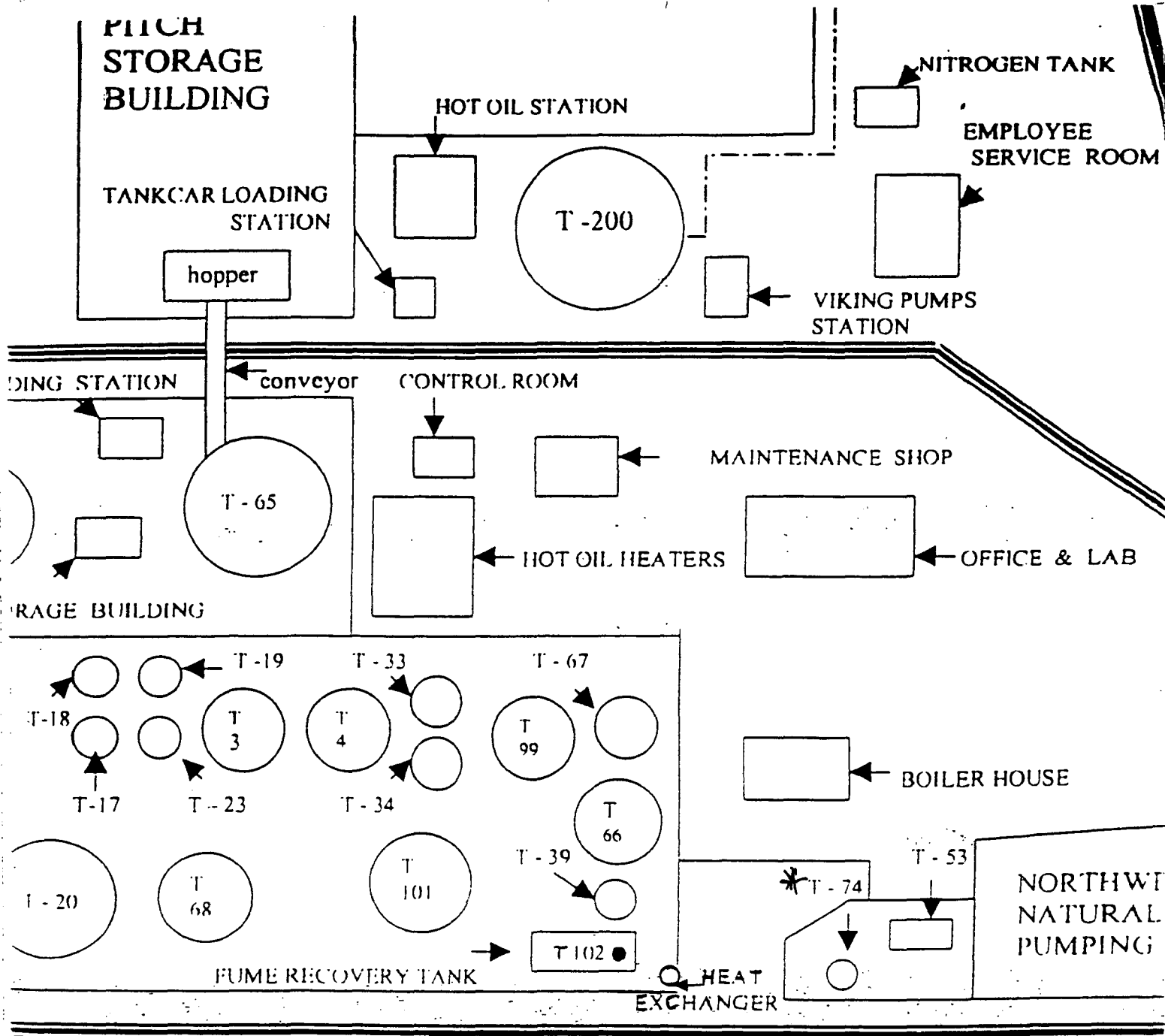
DESCRIBE PLUME BACKGROUND Start Hillside-Trees End Same	
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Cloudy End Same
WIND SPEED Start calm End	WIND DIRECTION Start South End Same
AMBIENT TEMP Start 53°F End Same	WET BULB TEMP RH. percent 129%

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		<input type="checkbox"/> Wind
Wind		<input type="checkbox"/> Sun

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE		START TIME				END TIME
9-23-04		0640				0645
SEC	MIN	0	15	30	45	COMMENTS
1	0	0	5	5		
2	5	5	5	5		
3	10	10	5	10		
4	10	10	5	5		
5	0	0	5	0		
6	5	0	0	0		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE	DATE 9-23-04
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 4-17-05
CONTINUED ON VED FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start End Same
DISTANCE FROM OBSERVER Start 70 FT End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS	
Start 10 ft	End Same
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack 1 ft End Same	

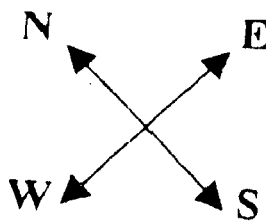
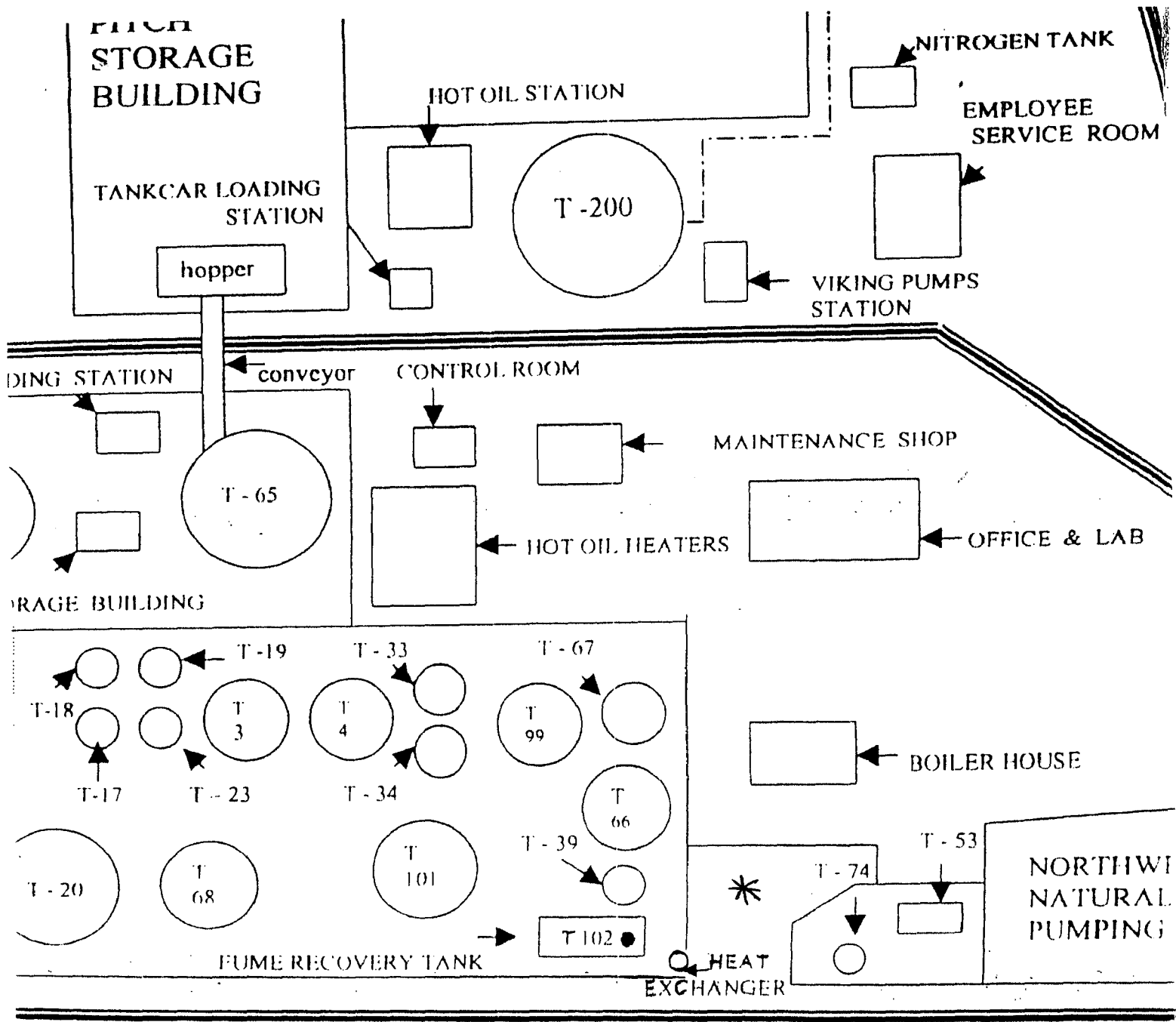
DESCRIBE PLUME BACKGROUND	
Start trees Hills End Same	End Same
BACKGROUND COLOR Start GRN BRN End Same	SKY CONDITIONS Start overcast End Same
WIND SPEED Start End	WIND DIRECTION Start CALM End Same
AMBIENT TEMP Start 54°F End Same	WET BULB TEMP RH, percent 78°F

Stack with Plume	<p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p>
Sun	
Wind	

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 10-21-04				START TIME 0642	END TIME 0648
SEC	0	15	30	45	COMMENTS
MIN					
1	10	10	10	10	
2	10	15	15	15	
3	10	10	15	10	
4	10	10	10	10	
5	10	10	10	10	
6	15	15	10	10	
7	10	10	15	10	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	
OBSERVER'S SIGNATURE	DATE 10-21-04
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 4-17-05
CONTINUED ON VEO FORM NUMBER	





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681		SOURCE ID NUMBER 26-2930

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start End same
DISTANCE FROM OBSERVER Start 55' End same	DIRECTION FROM OBSERVER Start West End same

DESCRIBE EMISSIONS Start Lofting End same	
EMISSION COLOR Start White End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Above stack End same	

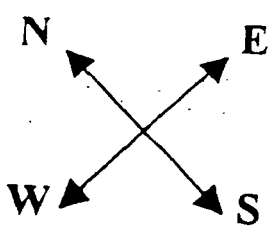
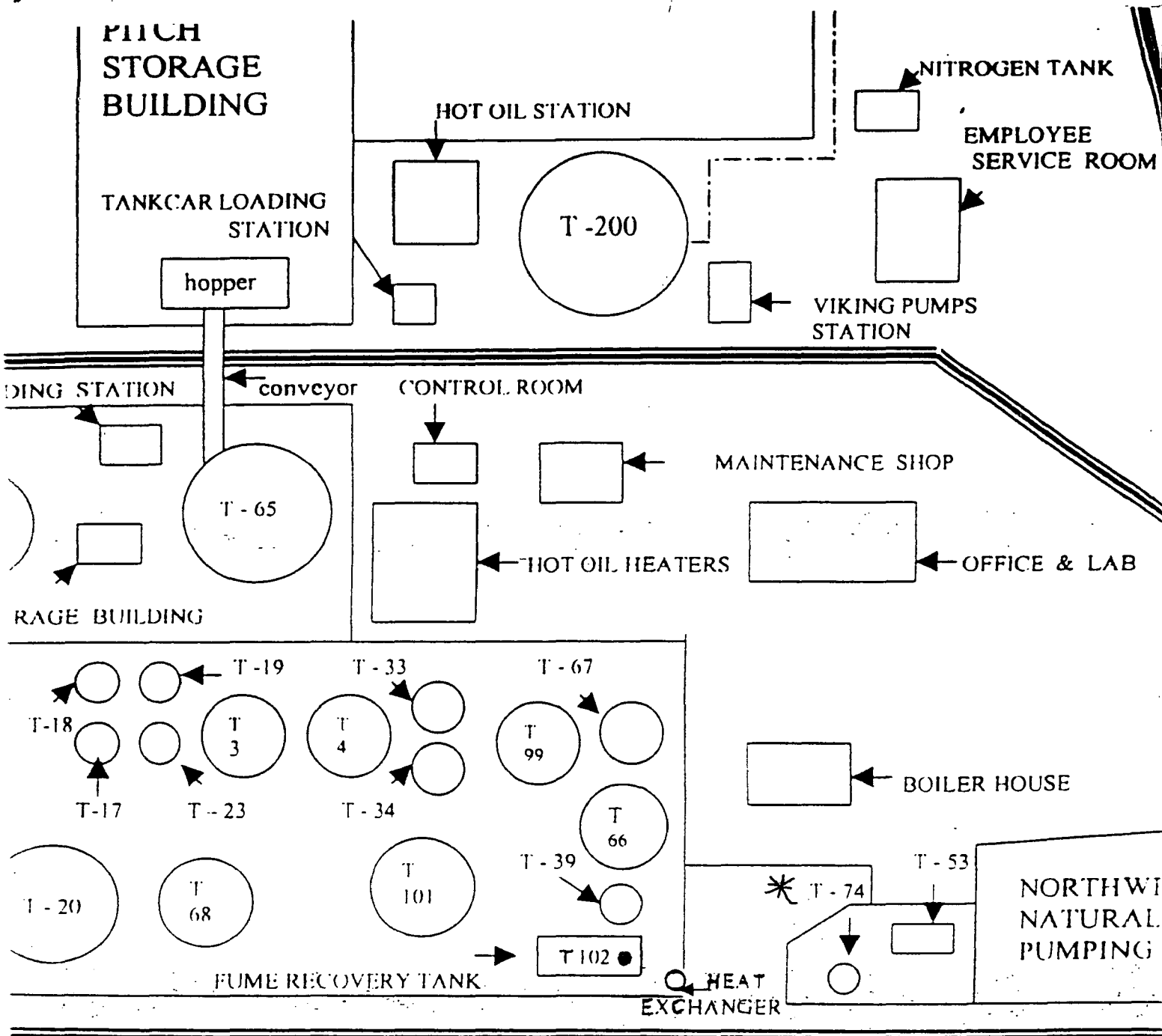
DESCRIBE PLUME BACKGROUND Start Trees Hillsides End same	
BACKGROUND COLOR Start Green/Blue End same	SKY CONDITIONS Start Overcast End same
WIND SPEED Start 3-5 mph End same	WIND DIRECTION Start South End same
AMBIENT TEMP Start 36°F End same	WET BULB TEMP RH, percent

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 11-22-04		START TIME 0700		END TIME 0708	
SEC	0	15	30	45	COMMENTS
1	10	10	10	10	
2	10	10	10	10	
3	10	10	10	15	
4	15	10	10	10	
5	15	10	15	10	
6	10	5	5	10	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517		DATE 11-22-04
OBSERVER'S SIGNATURE 		
ORGANIZATION Koppers Inc.		
CERTIFIED BY Yakima Clean Air Authority		DATE 4-17-05
CONTINUED ON VED FORM NUMBER		



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70 FT End SAME	DIRECTION FROM OBSERVER Start SN End SAME

DESCRIBE EMISSIONS Start COALING End SAME	
EMISSION COLOR Start WHT End SAME	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1 FT Top of 5th End SAME	

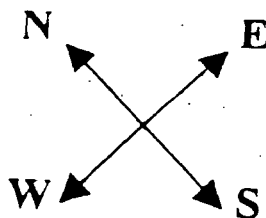
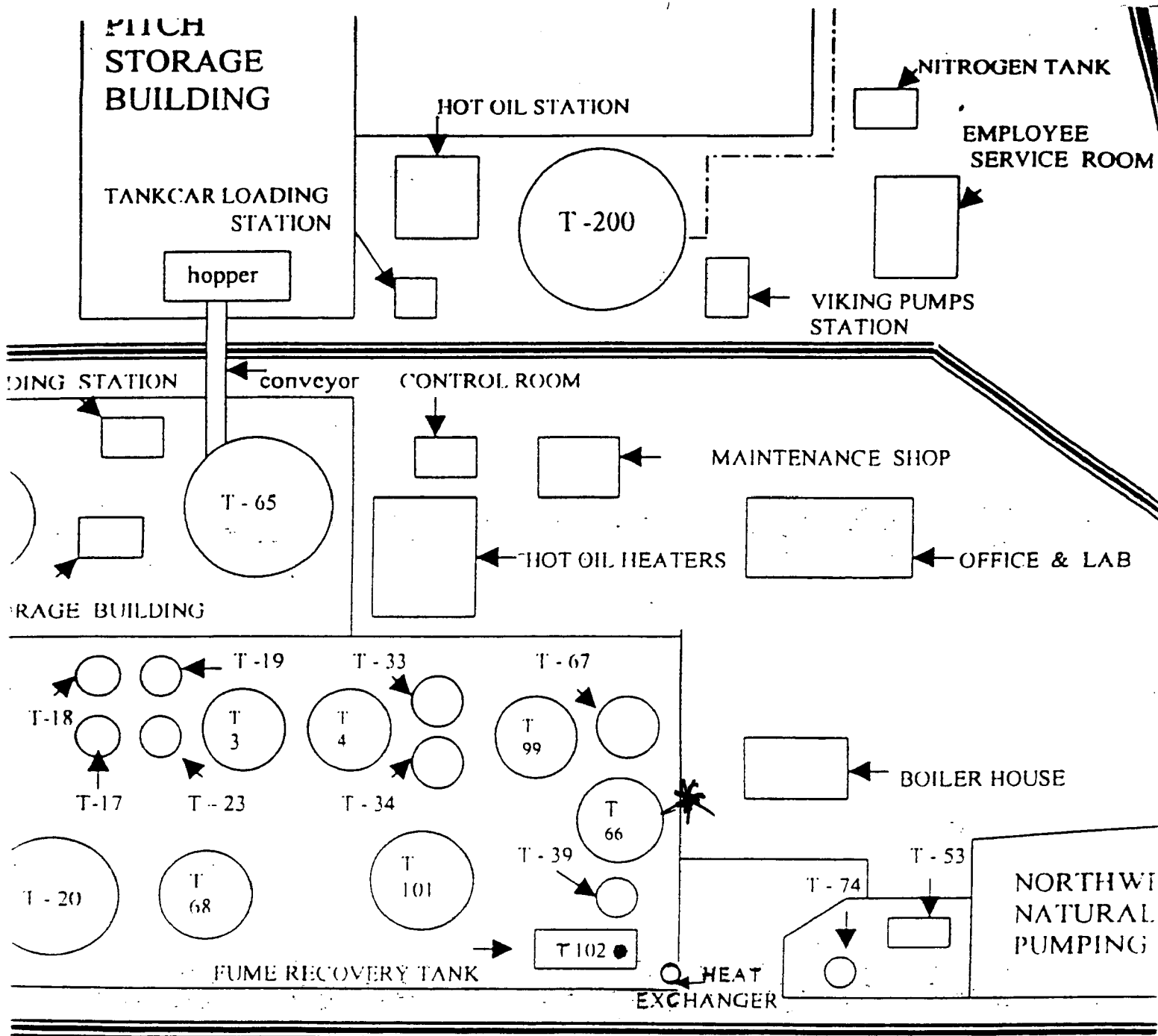
DESCRIBE PLUME BACKGROUND Start Hillsides Trees End SAME	
BACKGROUND COLOR Start GRN/BRN End SAME	SKY CONDITIONS Start Cloudy End SAME
WIND SPEED Start 10 mph End SAME	WIND DIRECTION Start North End SAME
AMBIENT TEMP Start 34°F End SAME	WET BULB TEMP RH, percent

Stack with Plume Sun Wind	SOURCE LAYOUT SKETCH Draw North Arrow

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE 12-15-04				START TIME 0730	END TIME 0735
SEC	0	15	30	45	COMMENTS
MIN					
1	15	15	10	15	
2	15	15	15	10	
3	10	10	5	10	
4	5	5	10	15	
5	15	10	5	10	
6	10	15	15	15	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 12-15-04
OBSERVER'S SIGNATURE 	DATE 4-17-05
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 4-17-05
CONTINUED ON VED FORM NUMBER	



**O-DEQ OPACITY READINGS 2003**

# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 60ft End same	DIRECTION FROM OBSERVER Start SW End same

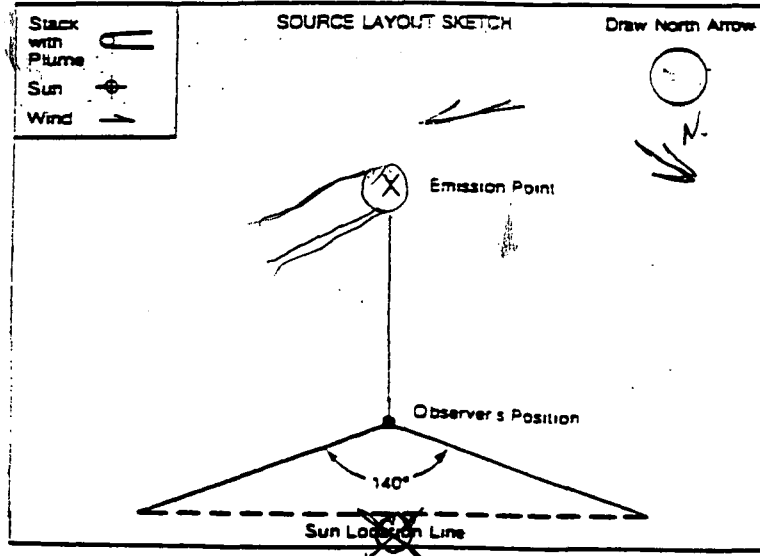
DESCRIBE EMISSIONS	
Start <i>CONVING</i>	End <i>same</i>
EMISSION COLOR Start <i>white</i> End <i>same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>1 ft above stack</i> End <i>same</i>	

DESCRIBE PLUME BACKGROUND	
Start <i>Trees/Hillsides</i> End <i>same</i>	
BACKGROUND COLOR Start <i>GREEN</i> End <i>same</i>	SKY CONDITIONS Start <i>Clear</i> End <i>same</i>
WIND SPEED Start <i>light</i> End <i>same</i>	WIND DIRECTION Start <i>NW</i> End <i>same</i>
AMBIENT TEMP Start <i>62°F</i> End <i>same</i>	WET BULB TEMP RH. percent <i>83%</i>

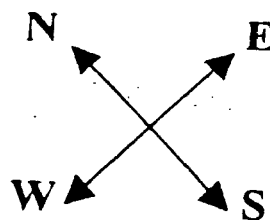
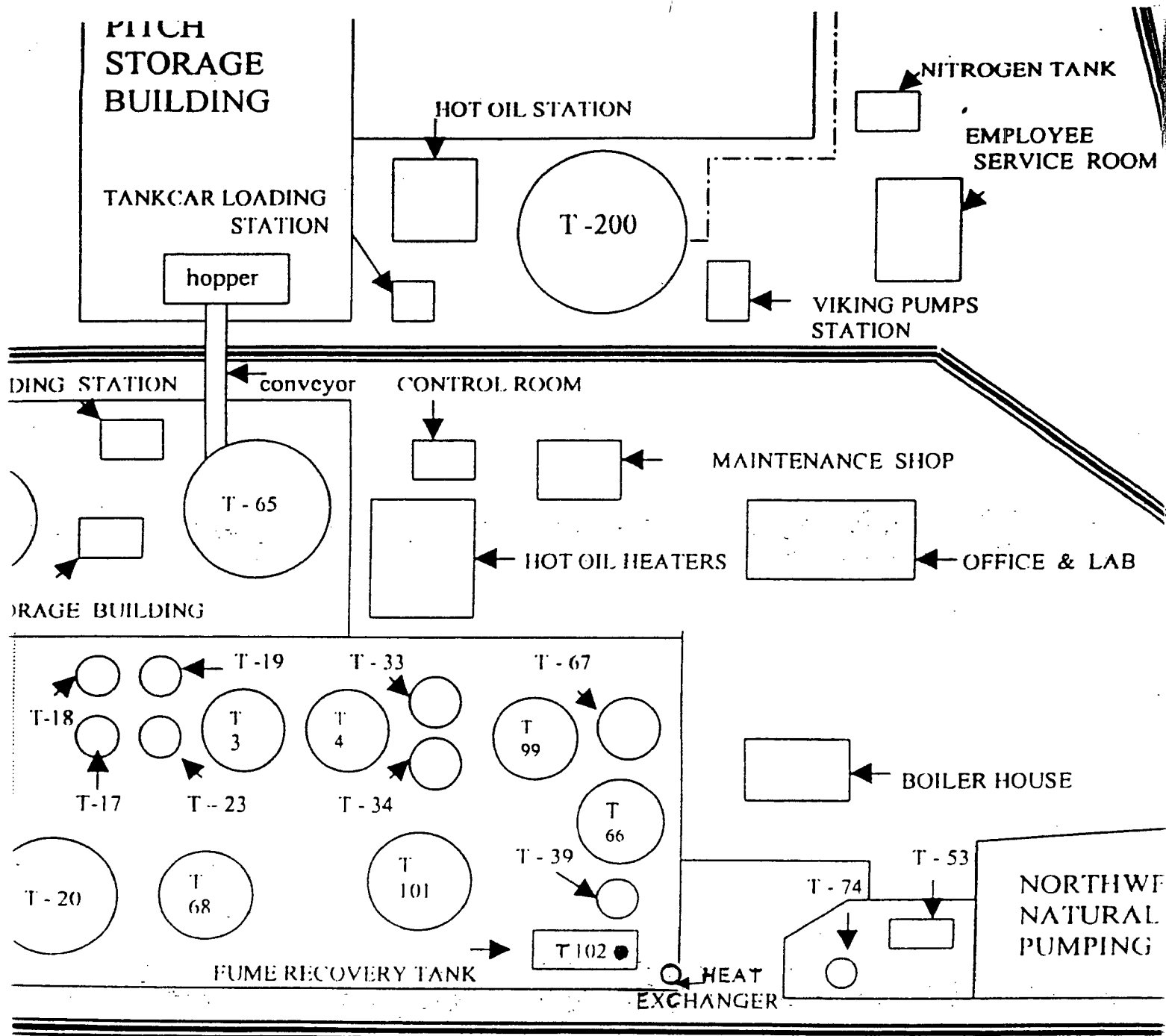
OBSERVATION DATE 7-17-03		START TIME 0710				END TIME 0718
SEC	0	15	30	45	COMMENTS	
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3	5	5	5	5		
4	0	0	0	5		
5	5	0	0	0		
6	0	0	5	5		
7	5	5	5	0		
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 7-17-03
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	DATE 7-17-03
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 9-17-03

CONTINUED ON VEO FORM NUMBER



ADDITIONAL INFORMATION
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# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End Same
DISTANCE FROM OBSERVER Start 55 ft End Same	DIRECTION FROM OBSERVER Start West End Same

DESCRIBE EMISSIONS Start Fanning End Same	
EMISSION COLOR Start White End Same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start Top of Stack End Same	

DESCRIBE PLUME BACKGROUND Start Fanning End Same	
BACKGROUND COLOR Start Green End Same	SKY CONDITIONS Start Overcast End Same
WIND SPEED Start 5 mph End Same	WIND DIRECTION Start South End Same
AMBIENT TEMP Start 64°F End Same	WET BULB TEMP RH. percent 84%

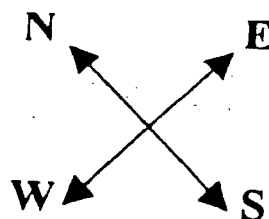
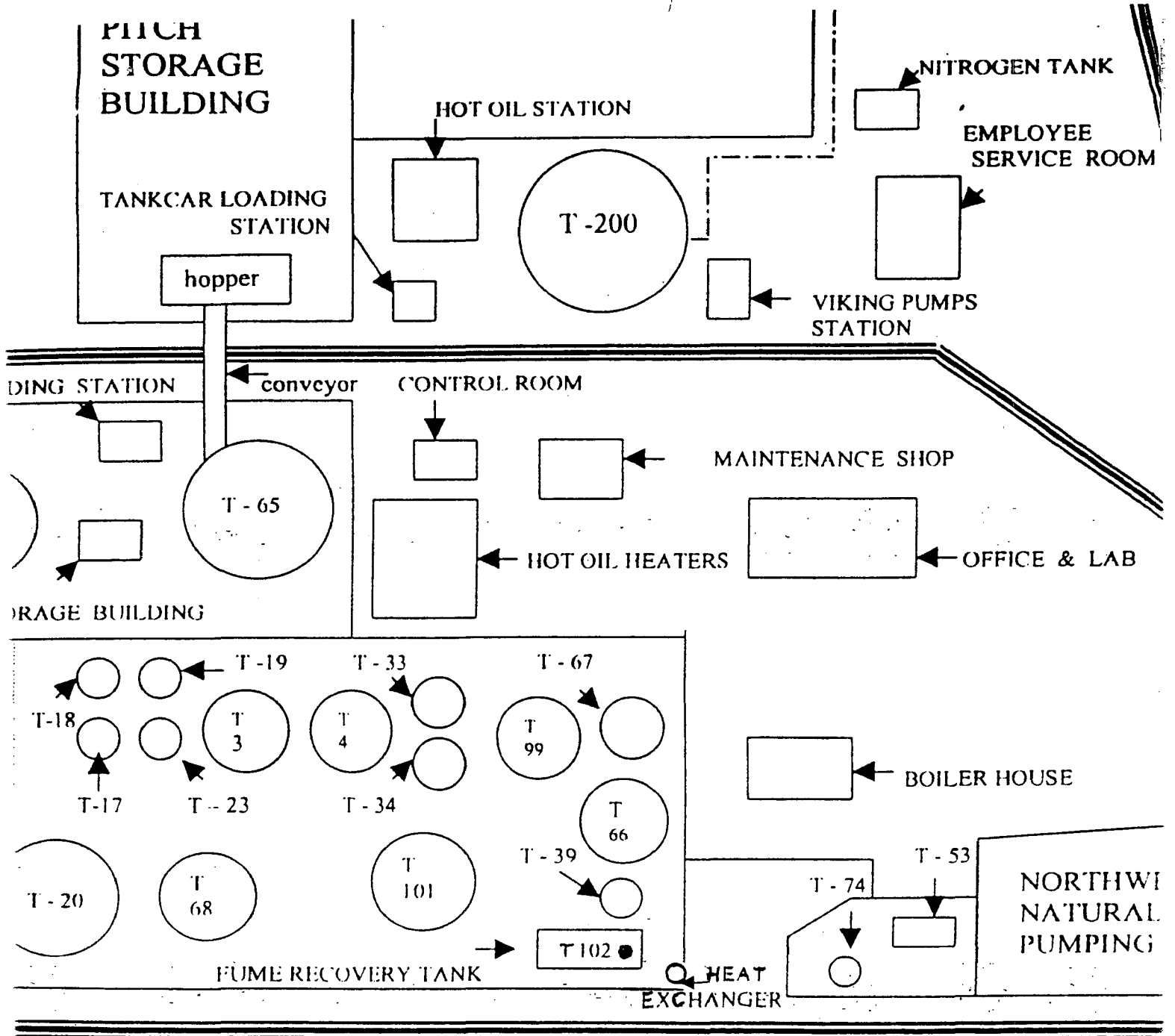
Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		
<p>Observer's Position</p> <p>Sun Location/Time</p> <p>140°</p>		

ADDITIONAL INFORMATION
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OBSERVATION DATE				START TIME	END TIME	
8/15/03				0720	0727	
MIN	SEC	0	15	30	45	COMMENTS
1		0	0	0	0	
2		0	0	0	0	
3		0	5	5	0	
4		5	5	5	5	
5		0	5	0	0	
6		0	5	5	0	
7		0	0	0	0	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 8/15/03
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	DATE 8/15/03
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 8/17/03
CONTINUED ON VEO FORM NUMBER	





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 15 ft End same	DIRECTION FROM OBSERVER Start West End same

DESCRIBE EMISSIONS Start <i>Lofting</i> End <i>Same</i>	
EMISSION COLOR Start <i>white</i> End <i>Same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>Above Stack 1 ft</i> End <i>Same</i>	

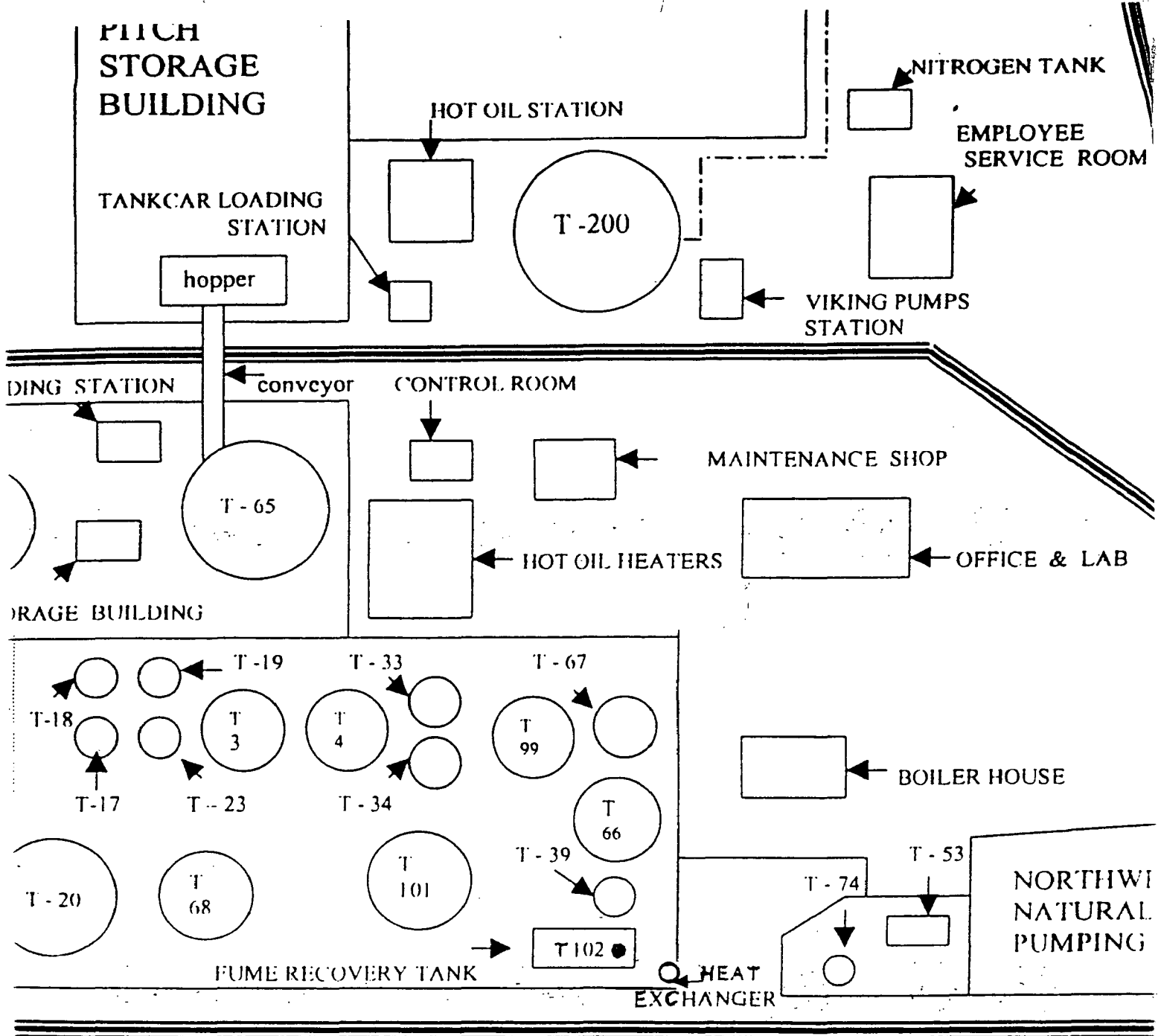
DESCRIBE PLUME BACKGROUND Start <i>Tree Hillside</i> End <i>Same</i>	
BACKGROUND COLOR Start <i>Green</i> End <i>Same</i>	SKY CONDITIONS Start <i>Cloudy</i> End <i>Same</i>
WIND SPEED Start <i>calm</i> End <i>Same</i>	WIND DIRECTION Start <i>South</i> End <i>Same</i>
AMBIENT TEMP Start <i>54°F</i> End <i>Same</i>	WET BULB TEMP RH. percent <i>90%</i>

Stack with Plume	SOURCE LAYOUT SKETCH	Draw North Arrow
Sun		
Wind		

ADDITIONAL INFORMATION
------------------------

OBSERVATION DATE		START TIME		END TIME	
9/16/03		0800a		0806	
SEC	0	15	30	45	COMMENTS
MIN					
1	0	0	0	0	
2	5	0	5	5	
3	5	5	5	5	
4	5	5	5	0	
5	5	5	0	0	
6	0	0	0	0	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE <i>9-16-03</i>
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE <i>9-17-03</i>
CONTINUED ON VEO FORM NUMBER	



# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70 ft End same	DIRECTION FROM OBSERVER Start SW End same

DESCRIBE EMISSIONS Start almost vertical ascent End same	
EMISSION COLOR Start white End same	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start 1 ft above top of stack End same	

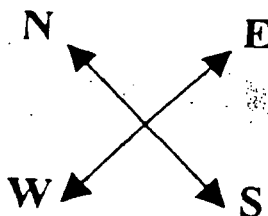
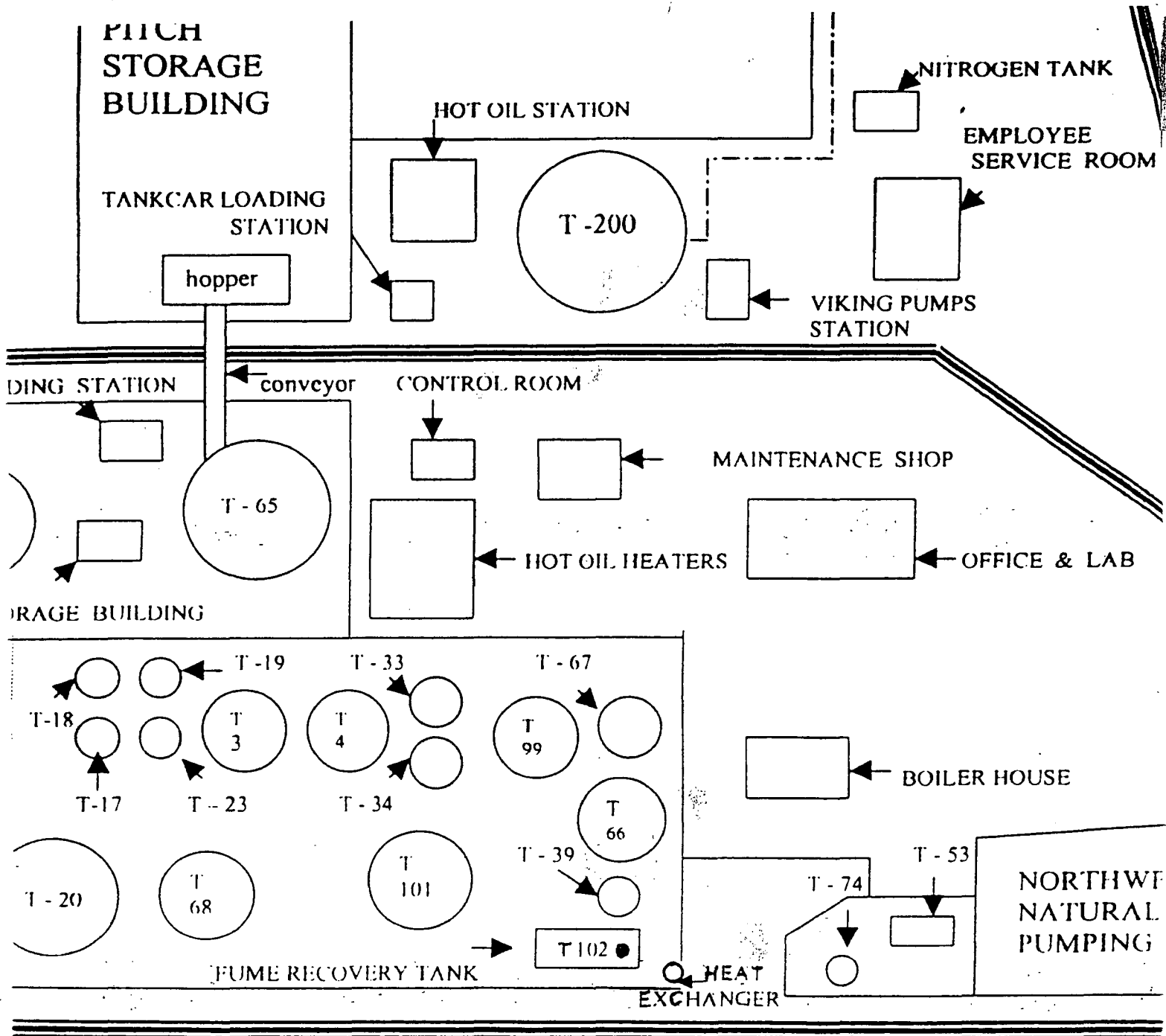
DESCRIBE PLUME BACKGROUND Start Trees/Hillside End same	
BACKGROUND COLOR Start Gray/Blue End same	SKY CONDITIONS Start overcast End same
WIND SPEED Start calm End same	WIND DIRECTION Start NW light End same
AMBIENT TEMP Start 50°F End same	WET BULB TEMP RH. percent 80%

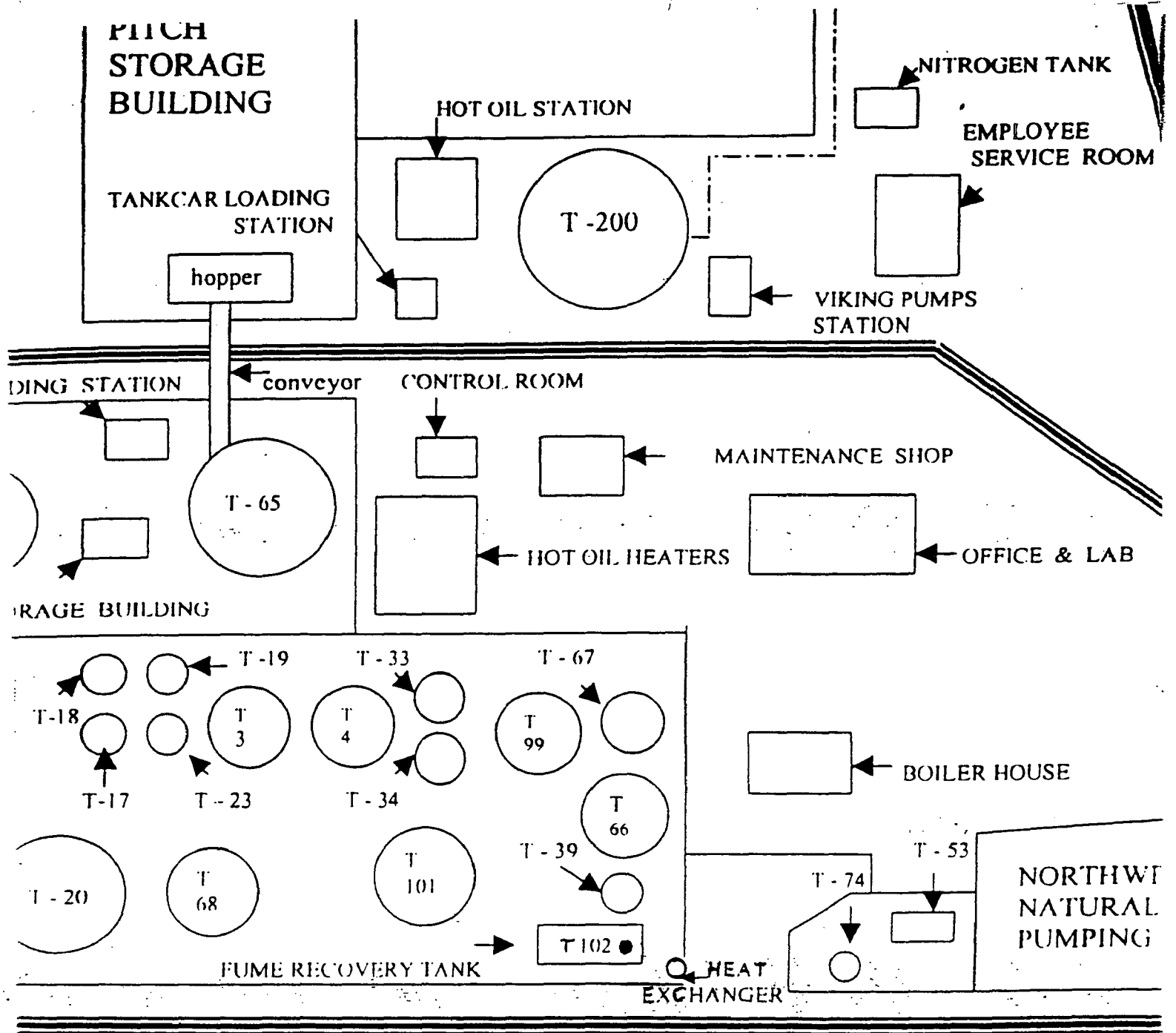
<p>Stack with Plume</p> <p>Sun</p> <p>Wind</p>	<p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p>
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ADDITIONAL INFORMATION
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OBSERVATION DATE		START TIME		END TIME	
10-14-03		0730		0740	
SEC	0	15	30	45	COMMENTS
1	5	5	5	5	
2	5	5	5	5	folded to itself
3	10	10	10	5	" " "
4	10	10	10	10	
5	5	5	5	10	
6	10	10	5	5	
7	5	10	10	10	
8	10	10	10	10	
9	10	10	5	10	
10	10	5	5	5	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 10-14-03
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	DATE 3-17-04
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-17-04
CONTINUED ON VEO FORM NUMBER	





# VISIBLE EMISSION OBSERVATION FORM

No.

COMPANY NAME Koppers Inc.		
STREET ADDRESS 7540 N.W. St. Helens Rd.		
CITY Portland	STATE OR	ZIP 97210
PHONE (KEY CONTACT) 503-286-3681	SOURCE ID NUMBER 26-2930	

PROCESS EQUIPMENT Fume Recovery System	OPERATING MODE Operating hours
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT 22inch diameter stack	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL 25 ft.	HEIGHT RELATIVE TO OBSERVER Start 11ft. End same
DISTANCE FROM OBSERVER Start 70ft End same	DIRECTION FROM OBSERVER Start SW End same

DESCRIBE EMISSIONS Start <i>COILING</i> End <i>same</i>	
EMISSION COLOR Start <i>WH</i> End <i>same</i>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <i>Above Stack edge</i> End <i>same</i>	

DESCRIBE PLUME BACKGROUND Start <i>Brown Hillsides</i> End <i>same</i>	
BACKGROUND COLOR Start <i>Brown</i> End <i>same</i>	SKY CONDITIONS Start <i>overcast</i> End <i>same</i>
WIND SPEED Start <i>10 mph</i> End <i>same</i>	WIND DIRECTION Start <i>N. West</i> End <i>same</i>
AMBIENT TEMP Start <i>44°F</i> End <i>same</i>	WET BULB TEMP RH. percent <i>71%</i>

Stack with Plume	Draw North Arrow
Sun	
Wind	

SOURCE LAYOUT SKETCH

Emission Point

Observer's Position

140°

Sun Location Line

ADDITIONAL INFORMATION
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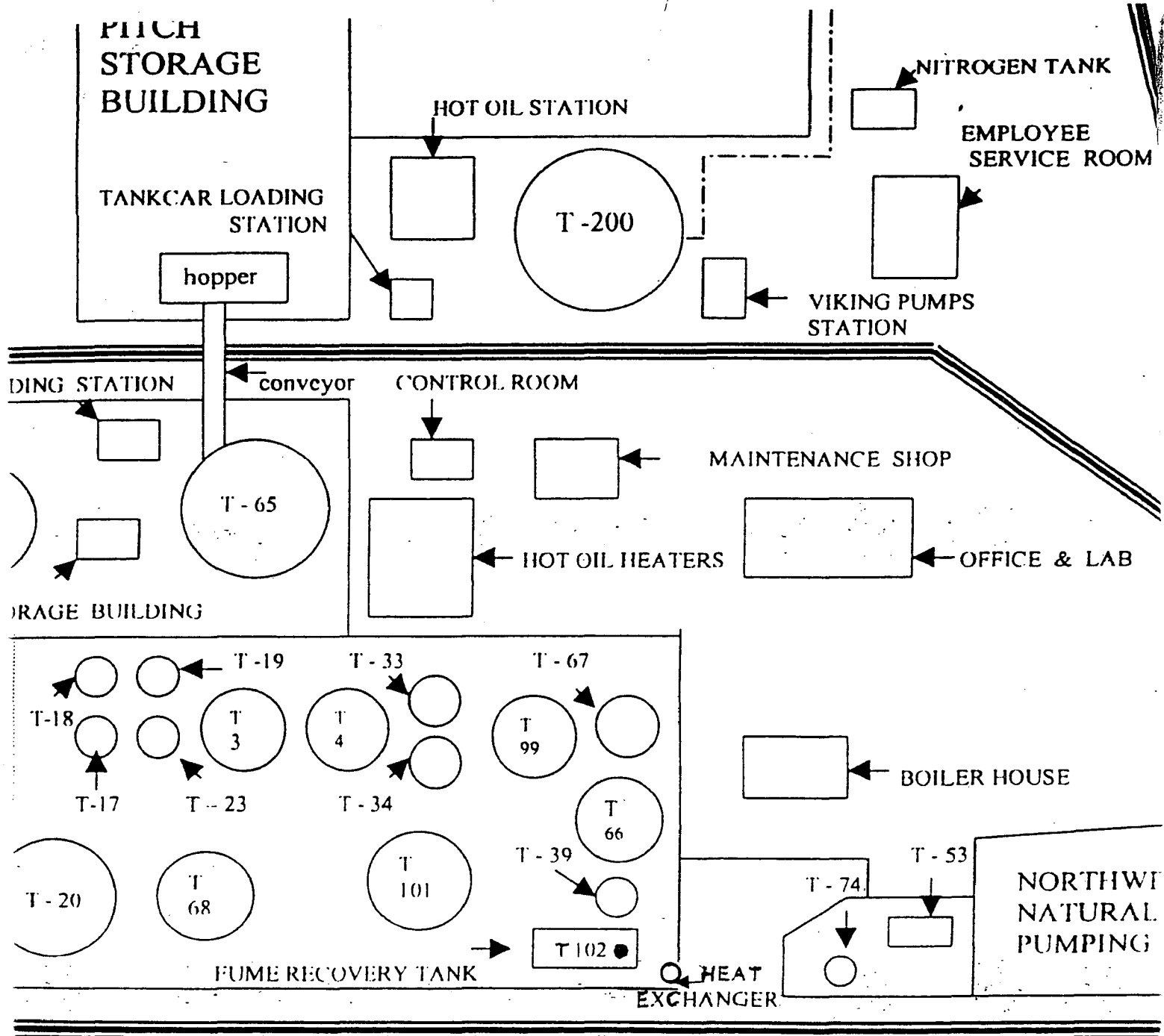
OBSERVATION DATE 11/13/03		START TIME 0900		END TIME 0907	
SEC	0	15	30	45	COMMENTS
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2	15	10	10	15	
3	15	15	15	10	
4	5	5	10	5	
5	15	10	10	10	
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OBSERVER'S NAME (PRINT) T.J. Turner Cert.-1517	DATE 11-13-03
OBSERVER'S SIGNATURE <i>T.J. Turner</i>	
ORGANIZATION Koppers Inc.	
CERTIFIED BY Yakima Clean Air Authority	DATE 3-17-04
CONTINUED ON VEO FORM NUMBER	

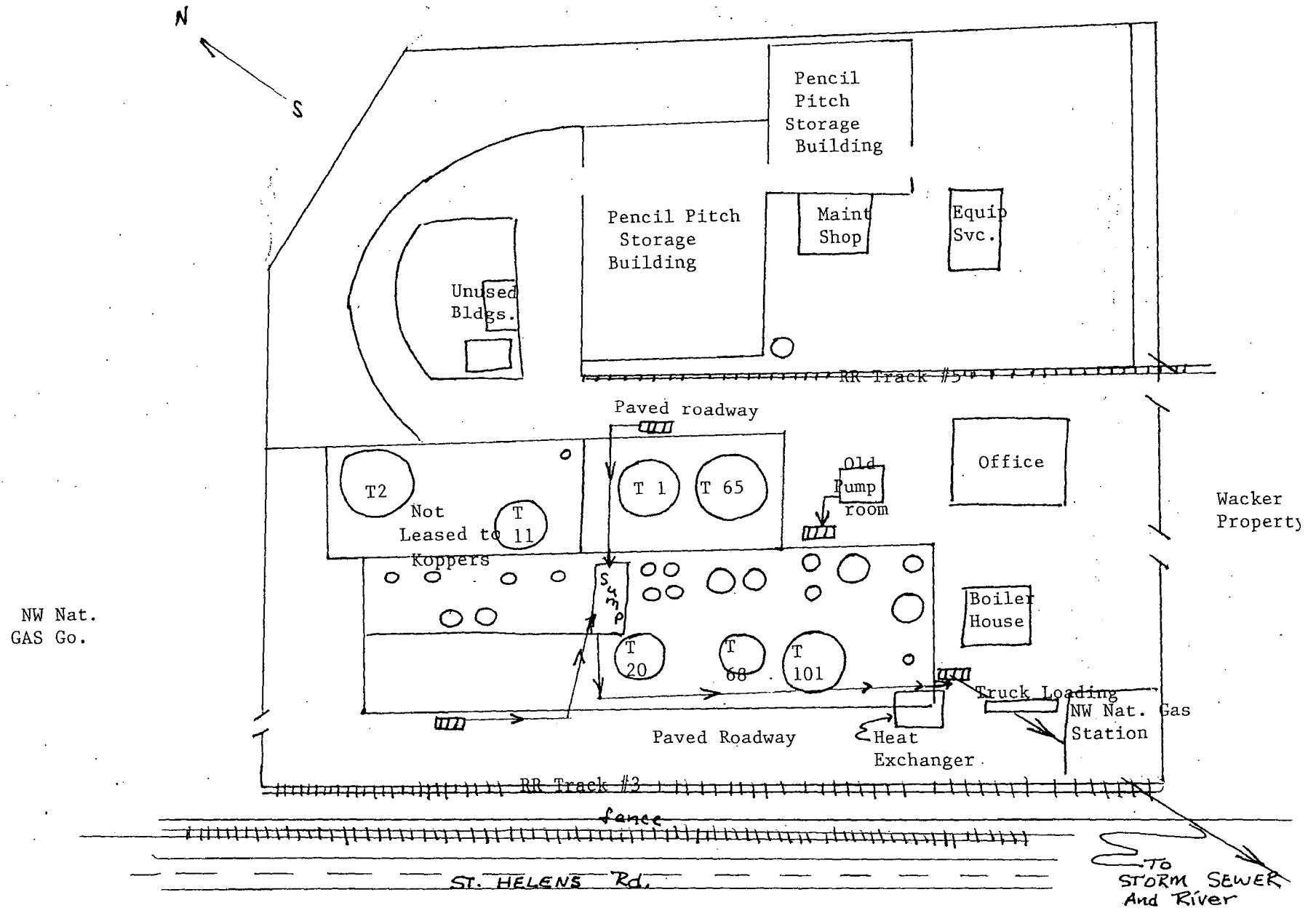
COMPANY NAME <b>Koppers Inc.</b>	
STREET ADDRESS <b>7540 N.W. St. Helens Rd.</b>	
CITY <b>Portland</b>	STATE ZIP <b>OR 97210</b>
PHONE (KEY CONTACT) <b>503-286-3681</b>	SOURCE ID NUMBER <b>26-2930</b>
PROCESS EQUIPMENT <b>Fume Recovery System</b>	OPERATING MODE <b>Operating hours</b>
CONTROL EQUIPMENT	OPERATING MODE
DESCRIBE EMISSION POINT <b>22inch diameter stack</b>	
on top of recovery tank.	
HEIGHT ABOVE GROUND LEVEL <b>25 ft.</b>	HEIGHT RELATIVE TO OBSERVER Start <b>21 ft</b> End <b>same</b>
DISTANCE FROM OBSERVER Start <b>80 ft</b> End <b>same</b>	DIRECTION FROM OBSERVER Start <b>South</b> End <b>same</b>
DESCRIBE EMISSIONS Start <b>Lofting</b> End <b>same</b>	
EMISSION COLOR Start <b>white</b> End <b>same</b>	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED Start <b>1 ft above and inside of stack</b> End <b>same</b>	
DESCRIBE PLUME BACKGROUND Start <b>Residential</b> End <b>same</b>	
BACKGROUND COLOR Start <b>blue/gray</b> End <b>same</b>	SKY CONDITIONS Start <b>cloudy</b> End <b>same</b>
WIND SPEED Start <b>10 mph</b> End <b>same</b>	WIND DIRECTION Start <b>East</b> End <b>same</b>
AMBIENT TEMP Start <b>42 F</b> End <b>same</b>	WET BULB TEMP RH. percent <b>70%</b>
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">             Stack with Plume Sun Wind           </div> <div style="text-align: center;"> <p>SOURCE LAYOUT SKETCH</p> <p>Draw North Arrow</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>NO SUN OUT</p> </div> <div> <p>Observer's Position</p> <p>140°</p> <p>Sun Location Line</p> </div> </div>	
ADDITIONAL INFORMATION <b>No sun due to heavy cloud cover</b>	

OBSERVATION DATE <b>12/19/03</b>		START TIME <b>0835</b>		END TIME <b>0841</b>	
SEC	0	15	30	45	COMMENTS
MIN					
1	10	10	13	15	
2	15	15	13	15	
3	15	10	10	10	
4	10	13	15	10	
5	10	15	15	15	
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OBSERVER'S NAME (PRINT) <b>T.J. Turner Cert. -1517</b>					
OBSERVER'S SIGNATURE <i>T.J. Turner</i>					DATE <b>12/19/03</b>
ORGANIZATION <b>Koppers Inc.</b>					
CERTIFIED BY <b>Yakima Clean Air Authority</b>					DATE <b>3/17/04</b>
CONTINUED ON VED FORM NUMBER					





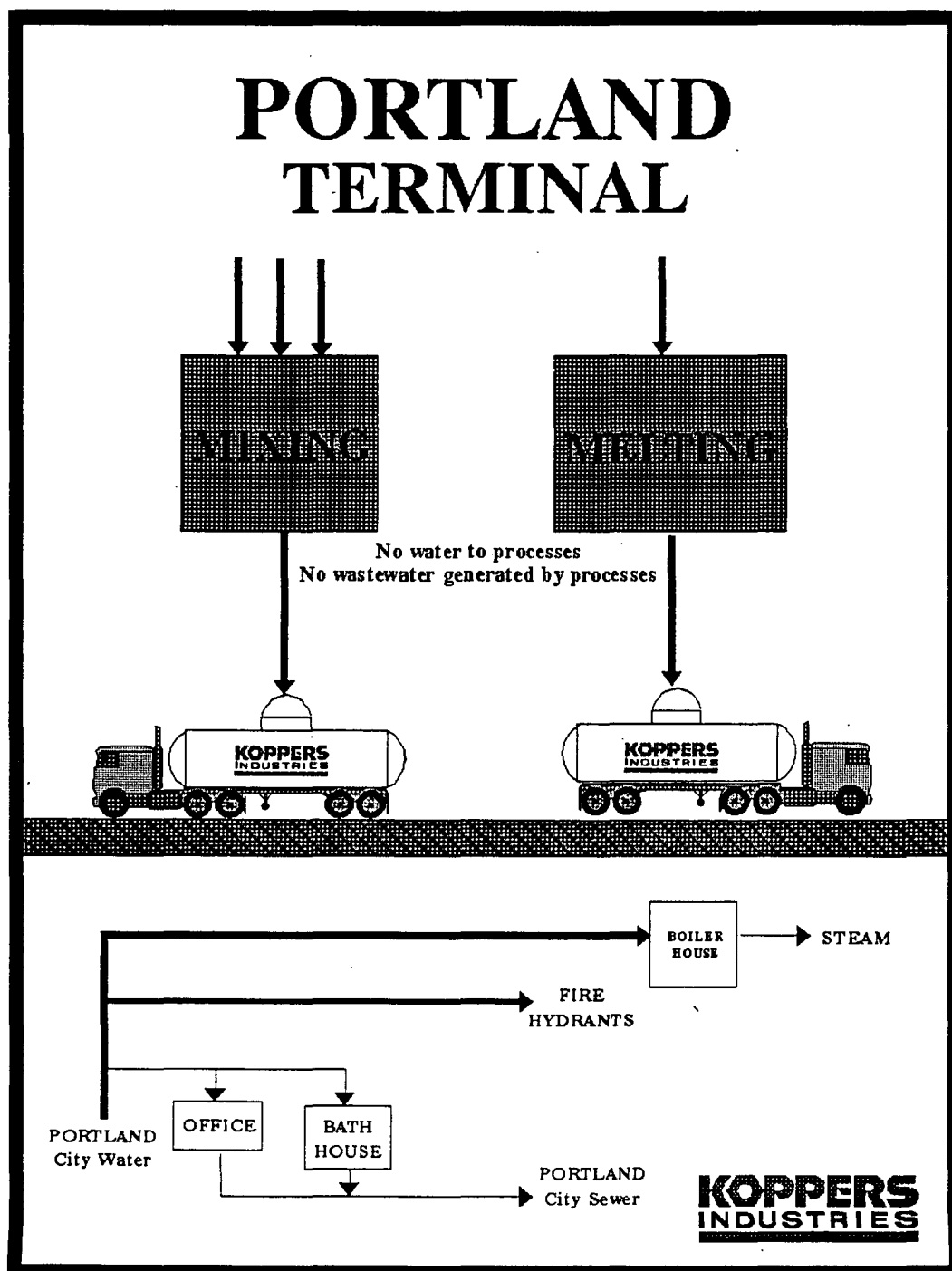
KOPPERS

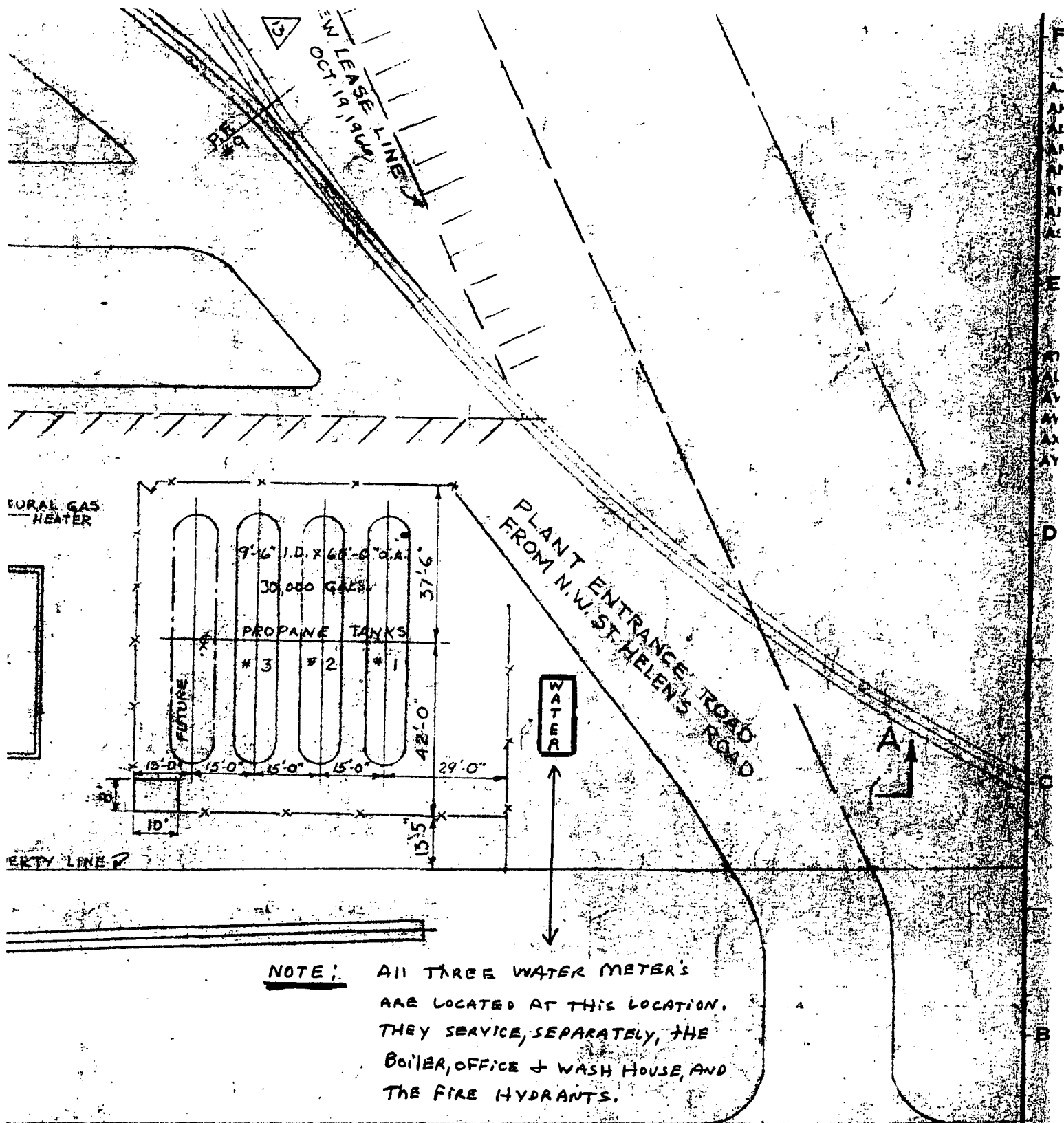


ATTACHMENT A

ATTACHMENT A-SCHEMATIC FLOW DIAGRAM

For each major activity in which wastewater is generated, draw a diagram of the flow of materials and water from start to completed activity, showing all unit processes generating wastewater. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in schematic. Use the space below or additional sheets of 8x11 paper. An example is provided on the backside.





NOMINAL YARD EL. +32'-6"

ELEVATIONS SHOWN ARE FROM FIELD DATA BASED ON  
+33'-0" AT REF PT. ON TOP OF FOUNDATION OF T-1 TANK

; INC.

NORTH WEST

300-1

PLANT NO.

SCALE 1" = 30'

TAR PLANT LAYOUT

1-7106-15

WATERBURY IS THE  
IC. TAR PRODUCTS  
JUST NOT BE MADE  
TERRIBLE

STORMWATER

BOILER  
BLOWDOWN

SUMP

TO  
RECYCLE  
OR  
DISPOSAL

STORMWATER  
SURGE TANKS  
45,000 GAL  
EACH

WW-1

WW-2

WW-3

WW-4

OUTFALL 001  
4000 GPD AVG  
6000 GPD MAX

SANITARY WASTE

200 GPD AVG  
350 GPD MAX

TO  
CITY OF  
PORTLAND

MAIN OFFICE

BATH HOUSE

**KOPPERS  
INDUSTRIES**

Pittsburgh, PA

**WASTE WATER  
FLOW PLAN**

Northwest Terminal  
Portland, OR

**McCORMICK  
JAHNCKE  
GROUP**

**CHARLEY HAVNEN**

CDR., USCG RET.

**CHAS. R. HAVNEN & ASSOC., INC.**

200 Carondelet Street, New Orleans, LA 70130

Tel: (800) 493-3883 Fax: (504) 394-8869

## II. REQUIREMENTS FOR COMPLIANCE

**Table 1.0**

*This will all  
have to be done  
for Portland*

### **Facility Requirements for the Cross Dock Transfer of Coal Tar Pitch (molten)**

#### **Standards Applicable to Facilities**

	Item	Source	Comment
1	Facility Response Plan (FRP) (USCG)	33 CFR Part 154 Subpart I	Plan submitted to & approved by local USCG COTP for each facility.
2	Cargo Operations Manual	33 CFR Part 154 Subpart B	Manual submitted to & approved by local USCG COTP for each facility.
3	Spill Prevention, Containment & Countermeasures (EPA)	40 CFR Part 112	These plans probably exist already for each facility. They will need to be amended to reflect the molten marine facility. An SPCC is needed for each facility.
4	Facility Response Plan (EPA)	40 CFR Part 112	Required for facility with storage over 42,000 gallons and over water vessel transfers for each facility.
5	Pollution Prevention Regulations, 33 CFR Part 154 & Oil & Hazardous Material Transfer Operations, 33 CFR Part 156	33 CFR Part 154 & 33 CFR Part 156	Compliance linked to inspection by local USCG COTP when Cargo Operations Manual approved & vessel at facility

## Item 1

**Facility Response Plan (FRP) -- 33 CFR Part 154 Subpart I**

**Plan submitted to & approved by local USCG COTP for each facility.**

The USCG requirements for Facility Response Plans (FRP) are located at 33 CFR 154 Subpart I based upon the capacity of the largest vessel that calls at the facility. If the largest vessel has a capacity of over 250 barrels of oil (in this case *coal tar pitch (molten)*) then a Facility Response Plan must be submitted to and approved by the local USCG Captain of the Port (COTP). The *marine transfer facility* is normally considered by the USCG to end at the first block valve off the dock. The USCG jurisdiction ends at this block valve and the EPA jurisdiction commences. Each facility will need a separate FRP although each can be a clone of every other one. The capacities in the facility response plan are based on the capacity of the piping system and the storage tanks. The USCG portion of the facility is separate from the tank farm which comes under EPA jurisdiction.

Each FRP must be submitted to and approved by the local COTP. The contents of each FRP is established in the regulations and includes the following:

- Introduction and plan contents
- Emergency Response Action Plan:
  - Notification procedures
  - Facility's spill mitigation procedures
    - For average most probable, maximum most probable and worst case discharges
    - Prioritized procedures for facility personnel to mitigate spill, to include
      - Failure of manifold, mechanical loading arm, other transfer equipment or hoses
      - Tank overfill
      - Tank failure
      - Piping rupture
      - Piping leak both under pressure and not under pressure
      - Explosion or fire, and
      - Equipment failure (pumping system, relief



- valve or other general equipment relevant to operational activities)
- Listing of equipment and the responsibilities of facility personnel to mitigate an average most probable discharge
- Facility's response activities
  - Description of facility personnel responsibilities to initiate a response and supervise response resources pending the arrival of the *qualified individual (QI)*
  - Description, responsibilities and authority of the *qualified individual*
  - Describe the organizational structure used to manage the response actions and must include:
    - Command and control
    - Public information
    - Safety
    - Liaison with government agencies
    - Spill Operations
    - Planning
    - Logistics support, and
    - Finance
  - Identify *oil spill removal organizations* and the *spill management team* to:
    - Be capable of providing the following response resources
      - Equipment and supplies to meet the requirements of the regulations as applied to this specific facility
      - Trained personnel necessary to continue operation of the equipment and staff for the first 7 days of the response
    - Job description of each member of the *spill management team*
- Fish and wildlife and sensitive environments
  - Identify economically important and environmentally sensitive areas as identified in the USCGs Area Contingency Plan (ACP)
  - For a worst case discharge from the facility:
    - List all fish and wildlife and sensitive

- environments identified in the ACP which may be potentially impacted
  - Describe all response actions that the facility anticipates taking to protect these fish and wildlife and sensitive environments
  - Contain a map or chart showing the location of those fish and wildlife and sensitive environments which are potentially impacted
- For a worst case discharge, identify appropriate equipment and required personnel available by contract or other approved means to protect fish and wildlife and sensitive environments within the distances calculated:
  - Identify appropriate equipment and required personnel to protect all fish and wildlife and sensitive environments for required calculated distances that *coal tar pitch (molten)* may travel if spilled
  - Calculate distances
    - For persistent oils, 15 miles or the maximum movement generated by flood and ebb tides
    - A spill trajectory or model may be substituted if acceptable to the local COTP
    - EPAs calculated methodology may be used
  - Based on historical data the COTP may require additional fish and wildlife and sensitive environments also be protected
- Disposal plan in accordance with federal, state and local requirements
- Training and exercises:
  - Training procedures: Describe the training procedures and programs the facility *responders* and *spill management team*
    - Each individual with responsibilities under the plan must be trained. This must include OSHA HAZWOPER training for casual labor and

- volunteers as per 29 CFR 1910.120
- Training records must be maintained and be made available to the USCG upon request
- Oil spill removal organizations identified in the FRP must provide records to assure owner/operator that the response organization has the equipment and personnel claimed or are specifically approved
- Facility owner and operator remain responsible to insure that response personnel are all qualified under OSHA HAZWOPER standards, 29 CFR 1910.120
- Exercise procedures: Describe the exercise program to be carried out including both announced and unannounced exercises. Including at a minimum:
  - *Qualified individual* notification (quarterly)
  - *Spill management team* tabletop exercises (annually). In a three year period at least one of these exercises must include a worst case discharge scenario
  - Equipment deployment exercise:
    - Semiannually for facility owned and operated equipment
    - Annually for oil spill removal organization equipment
  - Emergency procedures exercises (optional)
  - Annually, at least one of the exercises (other than a QI notification) must be unannounced
  - Exercises programs should be designed so that all components of the response plan are exercised at least once every three years. All components do not have to be exercised at one time throughout the three year period
  - A facility owner or operator shall participate in unannounced exercises for an average most probable spill, as directed by the COTP, once every three years.
  - A facility owner or operator shall participate in Area exercises as directed by the applicable on-Scene Coordinator (EPA or USCG).
  - A facility owner or operator shall ensure that

adequate records of all required exercises are maintained at the facility for at least 3 years. They shall be made available to the Coast Guard upon request.

- The planned exercise program must be specified in the FRP.
- Plan review and update procedures
  - At least an annual review and update is required
  - Changes in the local Area Contingency Plan that have been in effect for at least 6 months shall be included.
- Appendices:
  - Facility-specific information
  - List on contacts
  - Equipment lists and records
  - Communications plan
  - Site-specific safety and health plan
  - List of acronyms and definitions

The specific gravity of *coal tar pitch (molten)* exceeds one.

Because of that the USCG classifies it as a Group V oil, or a sinker.

As such additional information must be included in the FRP:

- Procedures and strategies for responding to a worst case discharge of a Group V oil to the maximum extent practicable
- Sources of the equipment and supplies necessary to locate, recover, and mitigate such a discharge
- Ensure that any equipment identified is capable of operating in the conditions expected in the geographic area in which the facility operates. Including:
  - Ice conditions
  - Debris
  - Temperature ranges, and
  - Weather-related visibility
- Identify the availability of resources needed for Group V locating and removal and must include:
  - Sonar, sampling equipment or other methods for locating the oil on the bottom or suspended in the water column
  - Containment boom, sorbent boom silt curtains, or other methods for containing the oil that may remain floating on the surface or to reduce spreading on the bottom.
  - Dredges, pumps, or other equipment necessary to recover oil

- from the bottom and shoreline
  - Equipment necessary to assess the impact of such discharges, and
  - Other appropriate equipment necessary to respond to a discharge involving that type oil
- The special Group V resources identified in the FRP must be capable of being at the spill site within 24 hours of the discharge
- Identify firefighting resources located at the facility. Facility's that can not rely on sufficient local fire fighting resources must identify and ensure by contract or other approved means the availability of adequate firefighting resources. The FRP must also identify an individual located at the facility to work with the fire department for petroleum oil fires. This individual shall also verify that sufficient well trained firefighting resources are available within a reasonable response time to a worst case scenario. The individual may be the *qualified individual* or another appropriate individual located at the facility.

## Item 2

### Cargo Operations Manual -- 33 CFR Part 154 Subpart B

Manual submitted to & approved by local USCG COTP for each facility.

The USCG will also require that a Cargo Operations Manual be prepared for each facility and submitted to the local USCG COTP. These requirements are located at 33 CFR Part 154, Subpart B. As with FRP's each operations manual must be specific to each molten facility and approved by each COTP.

Each Cargo Operations Manual must contain the following:

- Geographic location of the facility
- A physical description of the facility including a plan showing mooring areas, transfer locations, control stations, and locations of safety equipment
- The hours of operation
- The sizes, types, and number of vessels that the facility can handle simultaneously
- For each product
  - Generic or chemical name; and

- The following cargo information:
  - The MARPOL name of the product or the name from USCG regulations
  - Appearance of cargo
  - Description of odor of cargo
  - Hazards involved in handling the cargo
  - Instructions for safe handling the cargo
  - Procedures to be followed if the cargo spills or leaks or if a person is exposed to the cargo, and
  - List of fire fighting procedures and extinguishing agents effective with fires involving the cargo
- The minimum number of persons on duty during transfer operations and their duties
- Names and telephone numbers of facility, Coast Guard, and other personnel who may be called by the employees of the facility in an emergency
- A description of each communication system required by the USCG rules
- The location and facilities of each personnel shelter, if any
- A description and instructions for the use of drip and discharge collection and vessel slop reception facilities, if any
- A description and the location of each emergency shutdown system
- Quantity, types, locations, and instructions for use of monitoring devices if required
- Quantity, type, location, instructions for use, and time limits for gaining access to the containment equipment required
- Quantity, type location, and instructions for the use of fire extinguishing equipment required by USCG rules
- The maximum relief valve setting (or system shut off head) for each transfer system
- Procedures for:
  - Operating each loading arm including the limitations of each loading arm
  - Transferring oil or hazardous material
  - Completion of pumping and
  - Emergencies
- Procedures for reporting and initial containment of oil or hazardous material discharges
- A brief summary of applicable federal, state, and local oil or hazardous material pollution laws and regulations

- Procedures for shielding portable lights authorized by the COTP, if used
- A description of the training and qualification program for persons in charge
- Statements explaining that each hazardous materials transfer hose is marked with either the name of each product which may be transferred through the hose or with letters, numbers or other symbols representing all such products and the location in the operations manual where a chart or list of the symbols used and a list of compatible products which may be transferred through the hose may be found.

### Item 3

#### **Spill Prevention, Containment & Countermeasure (EPA) -- 40 CFR Part 112**

**These plans probably exist already for each facility. They will need to be amended to reflect the molten marine facility. An SPCC is needed for each facility.**

Facility requirements are generally considered to originate with the EPA Spill Prevention, Containment and Countermeasure (SPCC) Plans. These plans should already exist for every established industrial facility. They will need to be modified for any changes made as a result of establishing a marine facility at that location. The regulations are contained in 40 CFR Part 112. It is our understanding that these plans are accepted by EPA without a detailed review if submitted by a Professional Engineer (PE). Much of the information contained in the SPCC goes into the FRP in one form or another.

### Item 4

#### **Facility Response Plan (EPA) -- 40 CFR Part 112**

**Required for facility with storage over 42,000 gallons and over water vessel transfers for each facility.**

EPA also requires Facility Response Plans for facilities with a storage capacity over

42,000 gallons that do transfer operations to and from vessels over water. Koppers current molten coal tar operations may fall below the current threshold and not require EPA FRP's. Recently the EPA reviewed the need for what appears to be duplication of the USCG FRP requirements and concluded that the EPA FRP requirements would continue. Each FRP must be written in accordance with the Area Contingency Plan in effect in that EPA Region: Region VI for Louisiana and Texas and Region X for Washington and Oregon. EPA Area Contingency Plans tend to diverge less than twenty five percent from one region to another.

The FRP as required by EPA at 40 CFR Part 112 specifies that the following be included in the Plan:

- *Emergency Response Action Plan* as a stand alone document or a part of the FRP. To include:
  - Identity and telephone number of a *qualified individual* having full authority, including contracting authority, to implement removal actions
  - Identity of individuals or organizations to be contacted in the event of a discharge. To include federal official, state officials and responding organizations
  - A description of the information to pass to response personnel
  - A description of the facility response equipment and its location
  - A description of response personnel capabilities, including duties of persons at the facility during a response action and their response times and qualifications
  - Plans for evacuation of the facility and a reference to community evacuation plans, as appropriate
  - A description of immediate measures to secure the source of the discharge and to provide adequate containment and drainage of spilled oil
  - A diagram of the facility
- Facility information: Location & type facility, identity and tenure of the present owner and operator, and the identity of the *qualified individual*
- Information about emergency response
  - Identity of private personnel and equipment necessary to remove to the maximum extent practicable a worst case discharge and other discharges of oil as described in the FRP
  - Evidence of contracts or other approved means for ensuring the availability of such personnel and equipment
  - Identity and telephone number of individuals or organizations to be contacted in the event of a discharge so that immediate



- communications between the qualified individual and federal officials and responders can be ensured
- A description of response personnel capabilities, including the duties of persons at the facility during a response action and response times and qualifications
  - A description of facility response equipment, location of equipment and equipment testing arrangements
  - Plans for evacuation of the facility and a reference to community evacuation plans as appropriate
  - A diagram of evacuation routes
  - A description of the duties of the *qualified individual* that include:
    - Activate internal alarms and hazard communication systems to notify all facility personnel
    - Notify all response personnel as needed
    - Identify the character, exact source, amount, and extent of the release as well as other items needed for notification
    - Notify and provide necessary information to the appropriate federal, state and local authorities with designated response roles, including the National Response Center, State Emergency Response Commission, and Local Emergency Planning Committee
    - Assess the interaction of the spilled substance with water and/or other substances stored at the facility and notify response personnel at the scene of that assessment
    - Assess the possible hazards to human health and the environment due to the release, both direct and indirect effects
    - Assess and implement prompt removal actions to contain and remove the substance released
    - Coordinate rescue and response actions as previously arranged with all response personnel
    - Use authority to immediately assess company funding to initiate cleanup activities
    - Direct cleanup activities until properly relieved of this responsibility
  - Hazard evaluation: The FRP shall discuss the facilities's known or reasonably identifiable history of discharges reportable under 40 CFR Part 110 for the entire life of the facility and shall identify areas within the facility where discharges could occur and what the potential effects of the discharges would be on the affected environment using the distances calculated.

- Response planning levels: The FRP shall include discussion of specific planning scenarios for:
  - A worst case discharge
  - A discharge of 2,100 gallons or less, provided that this amount is less than the worst case discharge amount.
  - A discharge greater than 2,100 gallons and less than or equal to 36,000 gallons or 10 percent of the capacity of the largest tank at the facility, whichever is less
- Discharge detection systems: The FRP shall describe the procedures and equipment used to detect discharges
- Plan implementation: The FRP shall describe:
  - Response actions to be carried out by facility personnel or contracted personnel under the FRP to ensure the safety of the facility and to mitigate or prevent discharges described or a substantial threat of such discharges
  - Describe the equipment to be used in each scenario
  - Plans to dispose of contaminated cleanup materials
  - Measures to provide adequate containment and drainage of spilled oil
- For self-inspection, drills/exercises, and response training, the FRP shall include:
  - A checklist and record of inspections for tanks, secondary containment, and response equipment
  - A description of the drill/exercise program to be carried out under the FRP
  - A description of the training program to be carried out under the FRP
  - Logs of discharge prevention meetings, training sessions, and drills exercises. May be an annex to the plan
- **Diagrams:** The response plan shall include site plan and drainage plan diagrams
- **Security systems:** The FRP shall include a description of facility security systems
- **Response plan cover sheet:** The FRP shall include a completed FRP cover sheet provided in the regulations

## Item 5

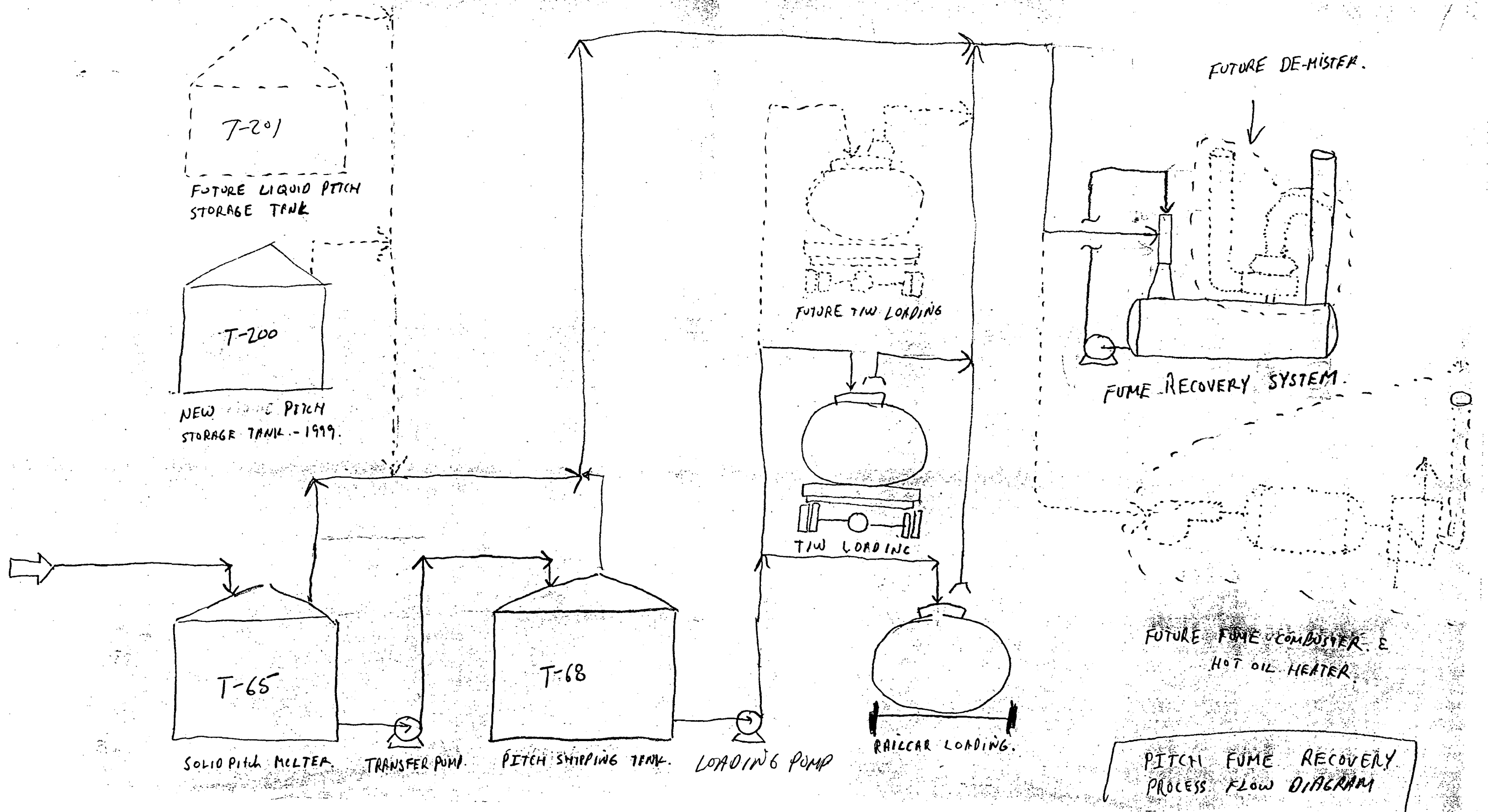
**Pollution Prevention Regulations -- 33 CFR Part 154****Hazardous Material Transfer Operations -- 33 CFR Part 156**

**Compliance linked to inspection by local USCG COTP when Cargo Operations Manual approved & vessel at facility.**

The USCG, Pollution Prevention Regulations, 33 CFR Part 154 & Oil & Hazardous Material Transfer Operations, 33 CFR Part 156 are applicable to facilities in addition to the Cargo Operations Manuals and Facility Response Plans. They specify engineering design and operations requirements for facilities and vessels.

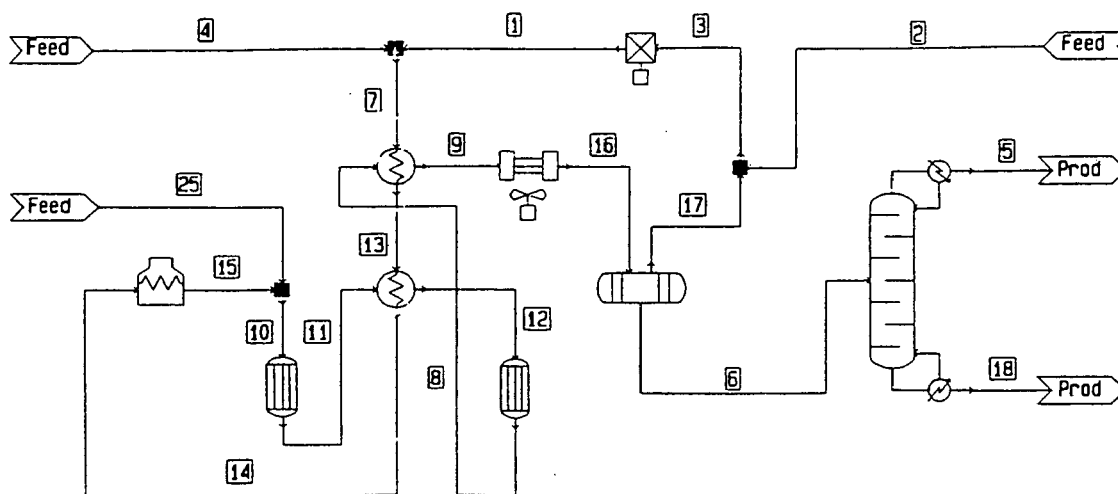
These regulations include several items not included in the discussions about FRPs and Cargo Operations Manuals:

- Equipment requirements for facilities
- Facility operational requirements
- Vapor control system standards
- Oil and hazardous material transfer operations



# CHEMCAD III

## Process Flowsheet Simulator



INTUITIVE CHEMICAL ENGINEERING

**Chemstations, Inc.**

2901 Wilcrest Drive, Suite 305, Houston, Texas 77042, U.S.A.  
Telephone (713) 978-7700 • Fax (713) 978-7727

**Chemstations-Europe**

(Chemstations Deutschland GmbH) Sudstr. 39, D-46562 Voerde, Germany  
Telephone (49 281) 943 0110 • Fax (47 22) 286 981

# KOPPERS INDUSTRIES

Amos S. Kamerer  
Plant Manager

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 16, 2001

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97202

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: Spill Prevention, Control and Countermeasure Plan.

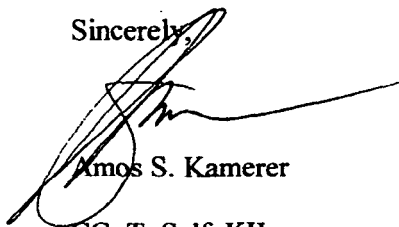
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I am sorry for the inconvenience this is causing you, sending you this revision, after just sending you the previous revision last week.

Should you have any questions in this regard, I can be reached at 503/286-3681.

Sincerely,



Amos S. Kamerer

CC: T. Self, KII  
M. Cilley, KII

# KOPPERS INDUSTRIES

**Amos S. Kamerer**  
Plant Manager

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 16, 2001

United States Coast Guard  
6767 N Basin Avenue  
Portland, Oregon 97217-3992

Attention: LCDR Ed Parsons  
Marine Safety Officer

Reference: Spill Prevention, Control and Countermeasure Plan.

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M. Cilley, KII

Koppers002142

# KOPPERS INDUSTRIES

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Plant Manager

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 16, 2001

Portland Fire Bureau  
2915 SE 13<sup>th</sup> Place  
Portland, Oregon 97202

Attention: William N. Henle  
Hazardous Materials Coordinator

Reference: Spill Prevention, Control and Countermeasure Plan.

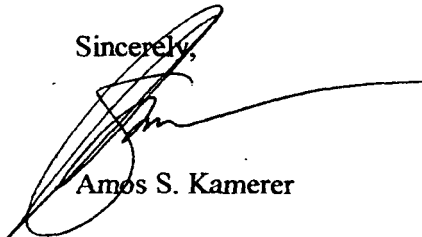
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Amos S. Kamerer

CC: T. Self, KII  
M. Cilley, KII





Amos S. Kamerer  
Plant Manager

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 16, 2001

City of Portland  
Bureau of Environmental Services  
6543 N Burlington Avenue  
Portland, Oregon 97203-5452

Attention: Miguel Santana  
Permit Manager

Reference: Spill Prevention, Control and Countermeasure Plan.

Dear Mr. Santana,

Attached please find a revised copy of page # 11 of our SPCC Plan dated February 24, 2000. After my letter to you last week updating pages # 11 & # 26 of the SPCC Plan, it was noticed by one of our employee's that the tank volumes listed on page # 11 of the SPCC Plan, did not match, in all cases, with our plant tank volume charts. An investigation of these differences showed that the volumes on the SPCC Plant tank list came from an old plant pre-construction drawing of these tanks. The plant volume tank list that is used every day, was developed after the tanks were constructed and are the accurate volumes that should be used. These differences are relatively minor, however, I felt it was important that our SPCC Plan, be correct.

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Sincerely,

A handwritten signature in black ink, appearing to be "Amos S. Kamerer", written over a horizontal line.

Amos S. Kamerer

CC: T. Self, KII

**SPCC AND CONTINGENCY PLAN, PORTLAND PLANT, KOPPERS INDUSTRIES**

Table 3.8  
TANK LISTING TABLE  
Koppers Industries, Northwest Plant

<u>Tank No.</u>	<u>Current use</u>	<u>Last contained</u>	<u>Capacity (000)</u>
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11.	SW Surge	Creosote	254 M
12.	SW Surge	Unknown	57 M
17.	SW Surge	Heavy Oil	20 M
18.	SW Surge	NSR Oil	20 M
19.	SW Surge	P & R Oil	20 M
20.	SW Surge	Creosote	317 M
23.	SW Surge	Lt. Uncorrected Creosote	20 M
33.	Heavy Oil	Heavy Oil	45 M
34.	SW Surge	NSR Oil	45 M
39.	SW Surge	Creosote	20 M
53.	SW Surge	Creosote	10 M
65.	Liquid Pitch	Heavy Oil	761 M
66.	SW Surge	Creosote	191 M
67.	Heavy Oil	Heavy Oil	102 M
68.	Liquid Pitch	Liquid Pitch	248 M
74.	SW Surge	Creosote	20 M
99.	SW Surge	Creosote	209 M
101.	SW Surge	Creosote	759 M
102.	Fume Tank	Heavy Oil	9.3 M
200	Liquid Pitch	Liquid Pitch	2100 M
V201	SW Surge	Liquid Pitch	19 M
V207	SW Surge	Liquid Pitch	19 M
240	Heat Transfer Oil	Heat Transfer Oil	2 M
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SW #1	Storm Water (SW)		45 M
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SW #4	Storm Water (SW)		45 M
SW #5	Storm Water (SW)		20 M
SW #6	Storm Water (SW)		20 M



**Amos S. Kameron**  
*Plant Manager*

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 9, 2001

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: Spill Prevention, Control and Countermeasure Plan.

Dear Mr. Zais,

Attached please find revised copies of pages # 11 and # 26 of our SPCC Plan dated February 24, 2000. The changes are a result of a recent Portland Fire Bureau site inspection and their request that we number, and mark, the six buildings that are occupied here at the terminal. This has been done and the site map attached has been modified to reflect these changes.

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Sincerely,

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Amos S. Kameron

CC: T. Self, KII  
M. Cilley, KII

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Plant Manager

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

April 9, 2001

City of Portland  
Bureau of Environmental Services  
6543 N Burlington Avenue  
Portland, Oregon 97203-5452

Attention: Derik E. Vowels  
Permit Manager

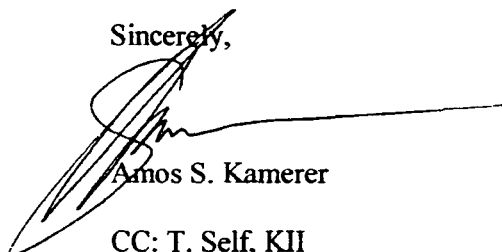
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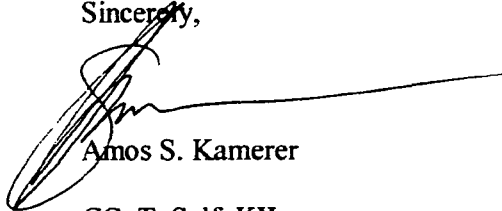
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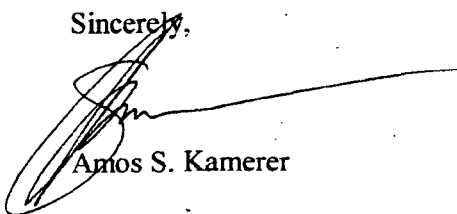
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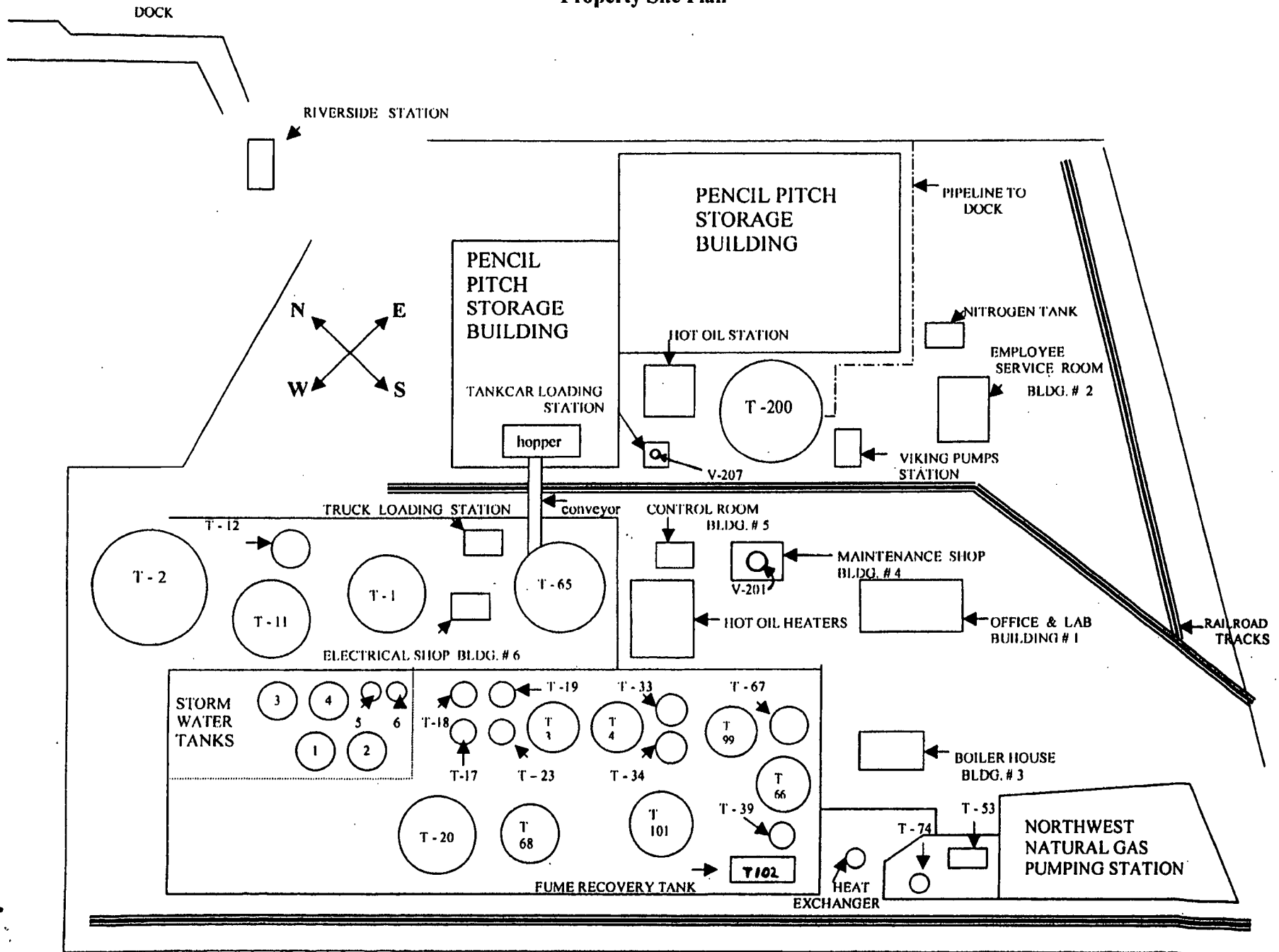
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SW #6	Storm Water (SW)		20 M

# Property Site Plan







COLUMBIA INSPECTION, INC.  
U.S. Customs Approved Gaugers  
Petroleum And Environmental Laboratory  
Tank Calibrations

INVOICE

071

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

RECEIVED

DEC 18 2000

KOPPERS INDS, INC.  
PORTLAND OR

INVOICE DATE: 12/15/2000

INVOICE NUMBER: 502270

PAGE: 1

REPORT DATE: 12/14/2000

LABORATORY REPORT NUMBER: 02270

REPORT DATE: 12/14/2000

LABORATORY REPORT NUMBER: 02270

Client's Project Name: STORM WATER ANALYSIS

Date Submitted: 12/13/2000

Lab. Number	Sample Number	Sample Description
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20002270-001		STORM WATER TANK GRAB SAMPLE
--------------	--	------------------------------

Analysis of the Water samples.

O & G TOTAL (HEM)*.....Quoted....	1 @ \$ 39.00
-----------------------------------	--------------

\$ 39.00

PHENOLS, TOTAL*.....Quoted....	1 @ \$ 35.00
--------------------------------	--------------

\$ 35.00

Total:

\$ 74.00

\$ 74.00

Total Due:

\$ 74.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-8464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

Thank you for doing business with Columbia Inspection

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002152



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/13/20

PROJECT NAME: STORM WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
02270-001		12/13/2000	1400	Water	STORM WATER TANK GRAB SAMPLE

REPORT DATE: 12/14/2000

REPORT NUMBER: 02270

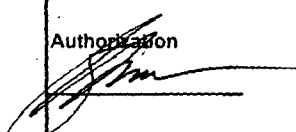
PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER TANK GRAB SAMPLE						
02270-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.2	mg/L	2	Dick R 12/14/2000
STORM WATER TANK GRAB SAMPLE						
02270-001	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.05	Jeremy B 12/14/2000

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$74	502270	11/15/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$74.00	Terms	Due	
				Discount						Code	Date
				Net				\$74.00		045	
						Division	Month	Audit No.			
						483	12	92700120034			

# COLUMBIA INSPECTION, INC.

P.O. Box 83569  
7133 N. LOMBARD  
PORTLAND, OR 97283

Nov 30, 2000

## STATEMENT

CUSTOMER No: 071

ANY QUESTIONS OR CONCERNS  
PLEASE CALL CRAIG AT:

RECEIVED

PHONE: (503) 286-9464  
OR  
FAX: (503) 285-7831

TO: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND,, OR 97210-3663

DEC 14 2000

KOPPERS INDS, INC.  
PORTLAND OR

AMOUNT ENCLOSED

\$

THANK YOU!

DATE	INVOICE No.	DUE DATE	ORDER No/P.O. No.	AMOUNT
10/12/00	501943	10/27/00	STORM WATER TANKS	291.50
10/31/00	502050	11/15/00	STORM WATER ANALYSIS	39.00
11/29/00	502176	12/14/00	STORM WATER ANALYSIS	74.00

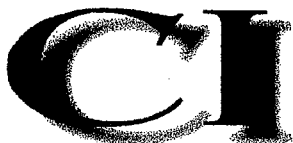
12-15-00

All has been Processed

TOTAL 404.50

CURRENT	0 TO 30 DAYS	30 TO 60 DAYS	VERY OLD !
113.00	291.50	0.00	0.00

**THANK YOU FOR DOING BUSINESS WITH CI !!**



**COLUMBIA INSPECTION, INC.**  
U.S. Customs Approved Gaugers  
Petroleum And Environmental Laboratory  
Tank Calibrations

**INVOICE**

071

**KOPPERS INDUSTRIES, INC.**  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 11/29/2000

INVOICE NUMBER: 502176

PAGE: 1

REPORT DATE: 11/28/2000

LABORATORY REPORT NUMBER: 02176

REPORT DATE: 11/28/2000

LABORATORY REPORT NUMBER: 02176

Client's Project Name: STORM WATER ANALYSIS

Date Submitted: 11/27/2000

Lab Number	Sample Number	Sample Description
------------	---------------	--------------------

20002176-001		STORM WATER TANK GRAB WATER SAMPLE
--------------	--	------------------------------------

Analysis of the Water samples.

O & G TOTAL (HEM)*.....Quoted....	1 @ \$ 39.00
-----------------------------------	--------------

\$ 39.00

PHENOLS, TOTAL*.....Quoted....	1 @ \$ 35.00
--------------------------------	--------------

\$ 35.00

Total:

\$ 74.00

\$ 74.00

RECEIVED

DEC - 1 2000

KOPPERS INDS, INC.  
PORTLAND OR

Total Due:

\$ 74.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002156



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 11/27/20

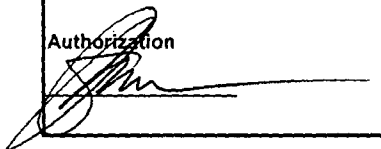
PROJECT NAME: STORM WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION		
02176-001		11/27/2000	0900	Water	STORM WATER TANK GRAB WATER SAMPLE		
REPORT DATE: 11/29/2000		REPORT NUMBER: 02176			PAGE: 1 OF 1		
SAMPLE	ANALYSIS	PARAMETER		RESULTS	UNITS	DETECTION LIMIT	ANALYST
STORM WATER TANK GRAB WATER SAMPLE							
02176-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE		ND	mg/L	2	Gordon L 11/29/2000
STORM WATER TANK GRAB WATER SAMPLE							
02176-001	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS		ND	mg/L	0.05	Jeremy B 11/28/2000

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date			
305	807		9270	925	0362			\$74	502176	11/29/00			
									Vendor Number 014327008				
Authorization 				Gross Amount				\$74.00	Terms	Due			
				Discount							Code	Date	
				Net						\$74.00	045		
											Division	Month	Audit No.
							483	12	92700120005				

# COLUMBIA INSPECTION, INC.

P.O. Box 83569  
7133 N. LOMBARD  
PORTLAND, OR 97283

OCT 31, 2000

## STATEMENT

CUSTOMER NO: 071

ANY QUESTIONS OR CONCERNS  
PLEASE CALL CRAIG AT:

PHONE: (503) 286-9464  
OR  
FAX: (503) 285-7831

TO: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

AMOUNT ENCLOSED

\$

THANK YOU !

DATE	INVOICE No.	DUE DATE	ORDER No/P.O. No.	AMOUNT
9/14/00	501772	9/29/00		291.50
10/12/00	501943	10/27/00	STORM WATER TANKS	291.50
10/31/00	502050	11/15/00	STORM WATER ANALYSIS	39.00

All has  
been  
Processed

RECEIVED

NOV 13 2000

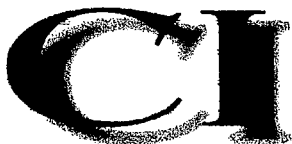
KOPPERS IND. INC.  
PORTLAND OR

TOTAL 622.00

CURRENT	0 To 30 DAYS	30 To 60 DAYS	VERY OLD !
330.50	291.50	0.00	0.00

**THANK YOU FOR DOING BUSINESS WITH CI !!**





**COLUMBIA INSPECTION, INC.**  
U.S. Customs Approved Gaugers  
Petroleum And Environmental Laboratory  
Tank Calibrations

**INVOICE**

**RECEIVED**

071

**KOPPERS INDUSTRIES, INC.**  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

NOV - 2 2000

KOPPERS INDS, INC.  
PORTLAND OR

INVOICE DATE: 10/31/2000

INVOICE NUMBER: 502050

PAGE: 1

REPORT DATE: 10/31/2000

LABORATORY REPORT NUMBER: 02050

REPORT DATE: 10/31/2000

LABORATORY REPORT NUMBER: 02050

Client's Project Name: STORM WATER ANALYSIS

Date Submitted: 10/30/2000

Sample Description: STORM WATER TANK GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

**COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com**

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**Thank you for doing business with Columbia Inspection**

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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002160



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 10/30/20

PROJECT NAME: STORM WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
02050-001		10/30/2000	1200	Water	STORM WATER TANK GRAB SAMPLE

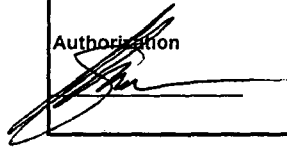
REPORT DATE: 10/31/2000      REPORT NUMBER: 02050      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER TANK GRAB SAMPLE						
02050-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.7	mg/L	2	Gordon L 10/30/2000

REVIEWED BY: 

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date
305	807		9270	925	0362			\$39		
									502050	10/31/00
									Vendor Number	
									014327008	
Authorization 					Gross Amount			\$39.00	Terms	Due
					Discount				Code	Date
					Net			\$39.00	045	
					Division			483	Month	Audit No.
								11	92700110007	



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

INVOICE

RECEIVED

071

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

OCT 13 2000

KOPPERS INDS, INC.  
PORTLAND OR  
PAGE: 1

INVOICE DATE: 10/12/2000

INVOICE NUMBER: 501943

REPORT DATE: 10/11/2000

LABORATORY REPORT NUMBER: 01943

REPORT DATE: 10/11/2000

LABORATORY REPORT NUMBER: 01943

Client's Project Name: STORM WATER TANKS

Date Submitted: 10/10/2000

Lab Number	Sample Number	Sample Description
------------	---------------	--------------------

20001943-001		STORM WATER TANK WATER GRAB SAMPLE
--------------	--	------------------------------------

Analysis of the Water samples.

O & G TOTAL (HEM)*.....Quoted....	1 @ \$ 39.00	\$ 39.00
-----------------------------------	--------------	----------

PHENOLS, TOTAL*.....Quoted....	1 @ \$ 35.00	\$ 35.00
--------------------------------	--------------	----------

PNAH 2*.....Quoted....	1 @ \$ 145.00	\$ 145.00
------------------------	---------------	-----------

Total:

\$ 219.00	\$ 219.00
-----------	-----------

\* Rush Fee.....

\$ 72.50	\$ 72.50
----------	----------

Total Due:

\$ 291.50
-----------

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@Columbiainspection.com

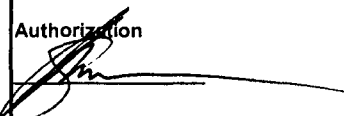
All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

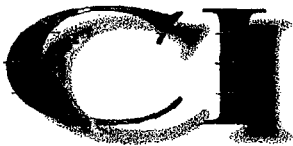
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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002163

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$292	501943	10/12/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$291.50	Terms	Due	
				Discount						Code	Date
				Net				\$291.50	045		
								Division	Month	Audit No.	
				483	10	92700100018					



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

071

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 09/14/2000

INVOICE NUMBER: 501772

PAGE: 1

REPORT DATE: 09/14/2000

LABORATORY REPORT NUMBER: 01772

REPORT DATE: 09/14/2000

LABORATORY REPORT NUMBER: 01772

Client's Project Name: STORM WATER ANALYSIS

Date Submitted: 09/12/2000

Lab Number	Sample Number	Sample Description
------------	---------------	--------------------

20001772-001		STORM WATER TANK GRAB WATER SAMPLE
--------------	--	------------------------------------

Analysis of the Water samples.

O & G TOTAL (HEM)*.....Quoted....	1 @ \$ 39.00
-----------------------------------	--------------

\$ 39.00

PHENOLS, TOTAL*.....Quoted....	1 @ \$ 35.00
--------------------------------	--------------

\$ 35.00

PNAH 2*.....Quoted....	1 @ \$ 145.00
------------------------	---------------

\$ 145.00

Total:

\$ 219.00

\$ 219.00

\* Rush Fee.....

\$ 72.50

\$ 72.50

# RECEIVED

SEP 18 2000

KOPPERS INDS, INC.  
PORTLAND OR

ORIGINAL

Total Due:

\$ 291.50

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: [lab@ColumbiaInspection.com](mailto:lab@ColumbiaInspection.com)

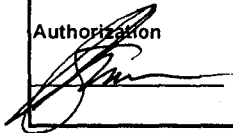
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*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002165

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date
305	807		9270	925	0362			\$292	501772	9/14/00
									Vendor Number 014327008	
Gross Amount								\$291.50	Terms	Due
Discount									Code	Date
Net								\$291.50	045	
Authorization 							Division	Month	Audit No.	
							483	9	92700090024	

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

# Statement

Statement Date:  
Jul 14, 2000

Phone: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

071

Koppers Industries, Inc.  
7540 NW St. Helens Road  
Account Of: Portland,, OR 97210-3663

Amount Enclosed

\$ \_\_\_\_\_

Date	Due Date	Invoice No.	Purchase Order No.	Amount	Paid	Balance
5/15/00	5/30/00	500927	check # 393354 sent	7.05.00	39.00	39.00
5/31/00	6/15/00	501031	check # 394608 sent	7.15.00	39.00	78.00
5/31/00	5/31/00	FC5VU00018	Late Charge (Do not pay late charges)	5.00		83.00
6/16/00	7/1/00	501164	→ entered	74.00		157.00
<div> <div>RECEIVED</div> <div>JUL 18 2000</div> <div>KOPPERS INDS, INC. PORTLAND OR</div> </div>						
Total						157.00

0-30	31-60	61-90	Over 90 days
74.00	83.00	0.00	0.00

Thank You for Choosing Columbia Inspection



ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 06/16/2000

INVOICE NUMBER: 501164

PAGE: 1

REPORT DATE: 06/14/2000

LABORATORY REPORT NUMBER: 01164

Client's Project Name: MONTHLY STORM WATER ANALYSIS

Date Submitted: 06/13/2000

Lab Number	Sample Number	Sample Description
20001164-001		STORM WATER TANK GRAB SAMPLE

Analysis of the Water samples.

O &amp; G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

\$ 39.00

PHENOLS, TOTAL.....Quoted.... 1 @ \$ 35.00

\$ 35.00

Total:

\$ 74.00

\$ 74.00

# RECEIVED

JUN 19 2000

KOPPERS INDS, INC.  
PORTLAND OR

Total Due:

\$ 74.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:

Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002168



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: TOSCO CORPORATION - PHOENIX  
1500 N. PRIEST DRIVE  
TEMPE AZ 85281

PHONE: (602) 728-7934  
FAX: (602) 728-7983

DATE SUBMITTED: 06/13/20

PROJECT NAME: PIPELINE TRANSFER

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
01154-001		06/13/2000	1020	Oil	TANK 4318 ROSE BLEND UPPER SAMPLE
01154-002		06/13/2000	1022	Oil	TANK 4318 ROSE BLEND MIDDLE SAMPLE
01154-003		06/13/2000	1024	Oil	TANK 4318 ROSE BLEND LOWER SAMPLE
01154-004		06/13/2000		Oil	TANK 4318 ROSE BLEND COMPOSITE SAMPLE

REPORT DATE: 06/15/2000

REPORT NUMBER: 01154

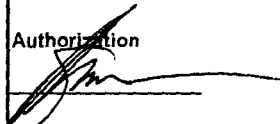
PAGE: 1 OF 2

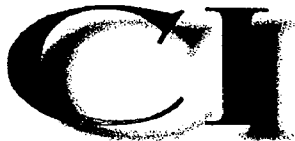
SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
TANK 4318 ROSE BLEND UPPER SAMPLE						
01154-001	API GRAVITY ASTM D-1298	API CORRECTED TO 60 F	13.9	DEG. API		Gordon L 06/13/2000
TANK 4318 ROSE BLEND MIDDLE SAMPLE						
01154-002	API GRAVITY ASTM D-1298	API CORRECTED TO 60 F	13.7	DEG. API		Gordon L 06/13/2000
TANK 4318 ROSE BLEND LOWER SAMPLE						
01154-003	API GRAVITY ASTM D-1298	API CORRECTED TO 60 F	13.9	DEG. API		Gordon L 06/13/2000
TANK 4318 ROSE BLEND COMPOSITE SAMPLE						
01154-004	API GRAVITY ASTM D-1298	API CORRECTED TO 60 F	13.8	DEG. API		Gordon L 06/13/2000
	BS&W ASTM D-1796	SUM OF SEDIMENT AND WATER	ND	VOL %	0.05	Gordon L 06/13/2000
	CCR ASTM D-189	CONRADSON CARBON RESIDUE	12.7	WT %	0.01	Gordon L 06/13/2000
	FLASH POINT - PMCC ASTM D-93	FLASH POINT	172	DEG F		Gordon L 06/13/2000
	POUR POINT, F ASTM D-97	POUR POINT	12	DEG. F		Gordon L 06/13/2000
	SULFUR, X-RAY ASTM D-4294	SULFUR	2.08	WT %	0.01	Tony W 06/14/2000

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No. / PO No.	Amount	Inv No.	Date				
305	807		9270	925	0362			\$74	501164	6/16/00				
									Vendor Number 014327008					
Authorization 					Gross Amount				\$74.00	Terms	Due			
					Discount								Code	Date
					Net				\$74.00				045	
									Division 483				Month 6	Audit No. 92700060031



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 03/24/2000

INVOICE NUMBER: 500532

PAGE: 1

REPORT DATE: 03/21/2000

LABORATORY REPORT NUMBER: 0532

Client's Project Name: WW TKS

Date Submitted: 03/20/2000

Sample Description: WASTE WATER GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM)\*.....Quoted.... 1 @ \$ 39.00

Total:

\* Rush Fee.....

\$ 39.00

\$ 39.00

\$ 39.00

\$ 39.00

\$ 39.00

↑  
still  
owe

RECEIVED

MAR 27 2000

KOPPERS INDS. INC  
PORTLAND OR

Total Due:

\$ 78.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

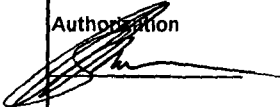
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P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002171

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500532-2	3/24/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00		045	
								Division	Month	Audit No.	
				483	6	92700060029					

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

# Statement

Statement Date:  
May 31, 2000

Phone: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

071

Koppers Industries, Inc.  
7540 NW St. Helens Road  
Account Of: Portland,, OR 97210-3663

Amount Enclosed

\$ \_\_\_\_\_

Date	Due Date	Invoice No.	Purchase Order No.	Amount	Paid	Balance
3/24/00	4/8/00	500532		39.00	Part	39.00
4/17/00	5/2/00	500723		538.00		577.00
4/28/00	5/13/00	500807		39.00		616.00
5/8/00	5/23/00	500871		74.00	processed 6-19-00	690.00
5/15/00	5/30/00	500927		39.00		729.00
5/31/00	6/15/00	501031		39.00		768.00
5/31/00	5/31/00	FC5VU00018	Late Charge	5.00		773.00
<div>RECEIVED</div> <div>JUN 16 2000</div> <div>KOPPERS INDS, INC.</div> <div>PORTLAND OR</div>						
Total						773.00

0-30	31-60	61-90	Over 90 days
157.00	577.00	<del>39.00</del>	0.00

Thank You for Choosing Columbia Inspection

Koppers002173

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 05/31/2000

INVOICE NUMBER: 501031

PAGE: 1

REPORT DATE: 05/25/2000

LABORATORY REPORT NUMBER: 01031

Client's Project Name: STORM WATER TANKS

Date Submitted: 05/24/2000

Sample Description: STORM WATER TANK GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

Total:

\$ 39.00

\$ 39.00

\$ 39.00

RECEIVED

JUN - 1 2000

KOPPERS INDS. INC.  
PORTLAND OR

Total Due:

\$ 39.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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*Thank you for doing business with Columbia Inspection*

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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002174



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/24/20

PROJECT NAME: STORM WATER TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
01031-001		05/24/2000	1100	Water	STORM WATER TANK GRAB SAMPLE

REPORT DATE: 05/31/2000

REPORT NUMBER: 01031

PAGE: 1 OF 1

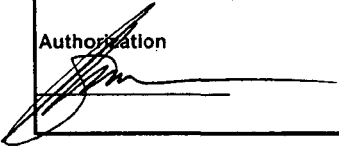
SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER TANK GRAB SAMPLE						
01031-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L 05/25/2000

REVIEWED BY:

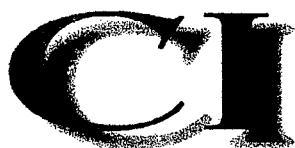
Martin Little - Quality Manager



Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	501031	5/31/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$39.00	Terms	Due.	
				Discount						Code	Date
				Net				\$39.00		045	
								Division	Month	Audit No.	
				483	6	92700060006					

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 05/15/2000

INVOICE NUMBER: 500927

PAGE: 1

REPORT DATE: 05/11/2000

LABORATORY REPORT NUMBER: 00927

Client's Project Name: STORM WATER TANKS

Date Submitted: 05/10/2000

Sample Description: STORM WATER GRAB SAMPLE

Analysis of the Water Sample.

O &amp; G TOTAL (HEM) .....Quoted.... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

# RECEIVED

MAY 16 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002177



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/10/20


PROJECT NAME: STORM WATER TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
00927-001		05/10/2000	1200	Water	STORM WATER GRAB SAMPLE

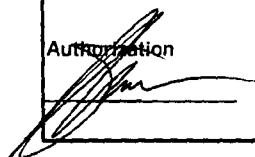
REPORT DATE: 05/12/2000      REPORT NUMBER: 00927      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER GRAB SAMPLE						
00927-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	5.1	mg/L	2	Gordon L.

REVIEWED BY:

  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500927	5/15/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00	045		
								Division	Month	Audit No.	
				483	5	9270005003-1					

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 05/08/2000

INVOICE NUMBER: 500871

PAGE: 1

REPORT DATE: 05/05/2000

LABORATORY REPORT NUMBER: 00871

Client's Project Name: MONTHLY DISCHARGE REPORT

Date Submitted: 05/04/2000

Lab Number	Sample Number	Sample Description
20000871-001		STORM WATER TANK GRAB SAMPLE

Analysis of the Water samples.

O &amp; G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

\$ 39.00

PHENOLS, TOTAL\*.....Quoted.... 1 @ \$ 35.00

\$ 35.00

Total:

\$ 74.00

\$ 74.00

Total Due:

\$ 74.00

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MAY - 9 2000

KOPPERS INDS, INC  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002180



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/04/20

PROJECT NAME: MONTHLY DISCHARGE REPORT

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
00871-001		05/04/2000	0800	Water	STORM WATER TANK GRAB SAMPLE

REPORT DATE: 05/05/2000

REPORT NUMBER: 00871

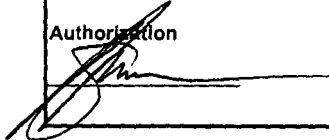
PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER TANK GRAB SAMPLE						
00871-001	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.54	PPM	0.05	Dick R.
	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.3	mg/L	2	Gordon L.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date		
305	807		9270	925	0362			\$74	500871	5/8/00		
									<div>Vendor Number</div> <div>014327008</div>			
<div>Authorization</div> 				Gross Amount				\$74.00	Terms	Due		
				Discount						Code	Date	
				Net				\$74.00		045	92700 050015	
										Division	Month	Audit No.
							483	5				

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

## Statement

Statement Date:  
May 3, 2000

Phone: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

071

Account Of: Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland,, OR 97210-3663

Amount Enclosed

\$ \_\_\_\_\_

Date	Due Date	Reference	Description	Amount	Balance
3/20/00	4/4/00	500479		39.00	39.00
3/24/00	4/8/00	500532		78.00	117.00
4/4/00	4/19/00	500599		39.00	156.00
4/17/00	5/2/00	500723		538.00	694.00
4/28/00	5/13/00	500807		39.00	733.00

*All has been  
processed*

**RECEIVED**

MAY - 8 2000

KOPPERS INDS, INC.  
PORTLAND OR

Total

733.00

0-30	31-60	61-90	Over 90 days
616.00	117.00	0.00	0.00

Please attend to this payment as soon as possible.

Koppers002183



ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

# RECEIVED

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

MAY - 1 2000

KOPPERS INDS, INC.  
PORTLAND, OR  
PAGE 1

INVOICE DATE: 04/28/2000

INVOICE NUMBER: 500807

REPORT DATE: 04/26/2000

LABORATORY REPORT NUMBER: 00807

Client's Project Name: STORM WATER TANKS

Date Submitted: 04/26/2000

Sample Description: STORM WATER TANK GRAB WATER SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM)\*.....Quoted.... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

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P.O. Box 83369, St. Johns Station  
Portland, OR 97283

Koppers002184



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/26/20

PROJECT NAME: STORM WATER TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
00807-001		04/26/2000	1100	Water	STORM WATER TANK GRAB WATER SAMPLE

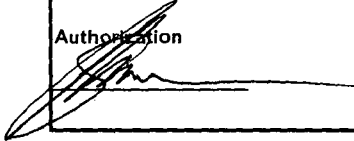
REPORT DATE: 04/28/2000      REPORT NUMBER: 00807      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION	ANALYST
					LIMIT	
STORM WATER TANK GRAB WATER SAMPLE						
00807-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.

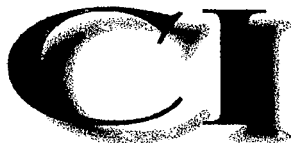
REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date			
305	807		9270	925	0362			\$39	500807	4/28/00			
									Vendor Number 014327008				
Authorization 				Gross Amount				\$39.00	Terms	Due			
				Discount							Code	Date	
				Net						\$39.00	045		
								Division		483	Month	5	Audit No. 92700056006

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 04/17/2000

INVOICE NUMBER: 500723

PAGE: 1

REPORT DATE: 04/15/2000

LABORATORY REPORT NUMBER: 00723

Client's Project Name: WW TKS

Date Submitted: 04/13/2000

Lab Number	Sample Number	Sample Description
20000723-001		WASTE WATER GRAB SAMPLE

Analysis of the Water samples.

O &amp; G TOTAL (HEM) \*.....Quoted.... 1 @ \$ 39.00

\$ 39.00

PHENOLS, TOTAL\*.....Quoted.... 1 @ \$ 35.00

\$ 35.00

PNAH 1\*..... 1 @ \$ 195.00

\$ 195.00

Total:

\$ 269.00

\$ 269.00

\* Rush Fee.....

\$ 269.00

\$ 269.00

Total Due:

\$ 538.00

# RECEIVED

APR 19 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

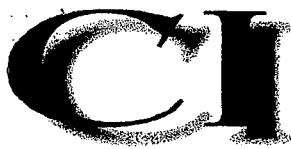
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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002187



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/13/20

PROJECT NAME: WW TKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0723-001		04/13/2000	1000	Water	WASTE WATER GRAB SAMPLE

REPORT DATE: 04/17/2000

REPORT NUMBER: 0723

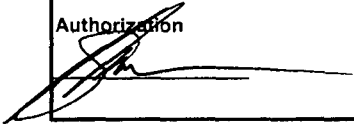
PAGE: 1 OF 1

SAMPLE		ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE							
0723-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE		3.4	mg/L	2	Gordon L.
	PNAH 1 EPA 625	ACENAPHTHENE		0.0040	mg/L	0.00005	Jacob F.
		ACENAPHTHYLENE		0.0017	mg/L	0.00005	
		ANTHRACENE		0.0014	mg/L	0.00005	
		BENZO (A) ANTHRACENE		0.0057	mg/L	0.00005	
		BENZO (A) PYRENE		0.0079	mg/L	0.0002	
		BENZO (B) FLUORANTHENE		0.0072	mg/L	0.0002	
		BENZO (GHI) PERYLENE		0.0058	mg/L	0.0005	
		BENZO (K) FLUORANTHENE		0.0064	mg/L	0.0002	
		CHRYSENE		0.0070	mg/L	0.00005	
		DIBENZO (AH) ANTHRACENE		0.0023	mg/L	0.0003	
		FLUORANTHENE		0.0097	mg/L	0.00005	
		FLUORENE		0.0023	mg/L	0.00005	
		INDENO (1, 2, 3-CD) PYRENE		0.0052	mg/L	0.0004	
		NAPHTHALENE		0.013	mg/L	0.00005	
		PHENANTHRENE		0.0039	mg/L	0.00005	
		PYRENE		0.0084	mg/L	0.00005	
	SURROGATE			106%	%RECOVERY	50%-150%	
PHENOLS, TOTAL EPA 420.1		TOTAL RECOVERABLE PHENOLICS		ND	mg/L	0.05	Abby K.

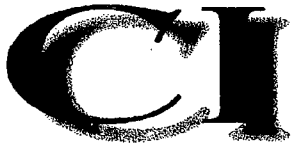
REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$538	500723	4/17/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$538.00	Terms	Due	
				Discount						Code	Date
				Net				\$538.00	045		
								Division	Month	Audit No.	
				483	4	92700040035					

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 04/04/2000

INVOICE NUMBER: 500599

PAGE: 1

REPORT DATE: 03/29/2000

LABORATORY REPORT NUMBER: 00599

Client's Project Name: WW TKS

Date Submitted: 03/28/2000

Sample Description: WASTE WATER GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

Total:

\$ 39.00

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

RECEIVED

APR 06 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002190



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

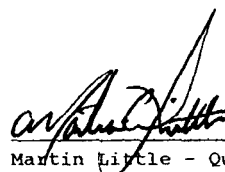
PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/28/20

PROJECT NAME: WW TKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION	
0599-001		03/28/2000	1500	Water	WASTE WATER GRAB SAMPLE	
REPORT DATE: 04/03/2000		REPORT NUMBER: 0599			PAGE: 1 OF 1	
SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE						
0599-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.1	mg/L	2	Gordon L.

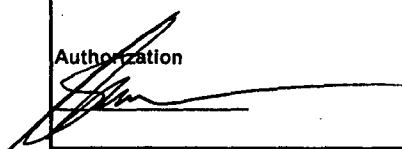
REVIEWED BY:



Martin Little - Quality Manager



Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500599	4/4/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00	045		
								Division	Month	Audit No.	
				483	4	92700040017					

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

# Statement

Statement Date:  
Mar 31, 2000

Phone: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

071

## RECEIVED

Account Of: Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland,, OR 97210-3663

APR 07 2000

KOPPERS INDS, INC.  
PORTLAND OR

Amount Enclosed

\$ \_\_\_\_\_

Date	Due Date	Reference	Description	Amount	Balance
12/31/99			Balance Fwd		343.00
1/3/00		376274	Payment	-74.00	269.00
1/11/00	1/26/00	500006		291.50	560.50
1/13/00	1/28/00	500059		39.00	599.50
1/15/00		377619	Payment	-39.00	560.50
1/24/00		378210	Payment	-39.00	521.50
1/26/00	2/10/00	500153		39.00	560.50
1/31/00		378980	Payment	-74.00	486.50
2/4/00		379645	Payment	-78.00	408.50
2/4/00	2/19/00	500192		85.00	493.50
2/14/00	2/29/00	500242		39.00	532.50
2/21/00	3/7/00	500296		39.00	571.50
2/25/00	3/11/00	500338		39.00	610.50
3/3/00		382329	Payment	-330.50	280.00
3/3/00	3/18/00	500385	w w tks	74.00	354.00
3/20/00	4/4/00	590479		39.00	393.00
3/20/00	4/4/00	500479		39.00	432.00
3/20/00		383576	Payment	-39.00	393.00
3/24/00	4/8/00	500532		78.00	471.00
3/27/00		384178	Payment	-85.00	386.00
				<b>Total</b>	<b>386.00</b>

0-30	31-60	61-90	Over 90 days
230.00	117.00	0.00	39.00

4-10-00 Spoke to  
Connie-  
do not owe this



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 03/24/2000

INVOICE NUMBER: 500532

PAGE: 1

REPORT DATE: 03/21/2000

LABORATORY REPORT NUMBER: 0532

Client's Project Name: WW TKS

Date Submitted: 03/20/2000

Sample Description: WASTE WATER GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM)\*.....Quoted.... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

\* Rush Fee.....

\$ 39.00

\$ 39.00

# RECEIVED

MAR 27 2000

KOPPERS INDS, INC  
PORTLAND OR

Total Due:

\$ 78.00

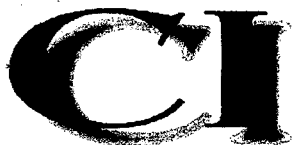
COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002194



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/20/20

PROJECT NAME: WW TKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0532-001		03/20/2000	0830	Water	WASTE WATER GRAB SAMPLE

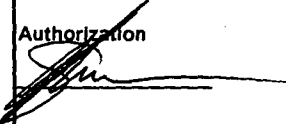
REPORT DATE: 03/24/2000      REPORT NUMBER: 0532      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WASTE WATER GRAB SAMPLE						
0532-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	4.9	mg/L	2	Gordon L.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500532	3/24/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00		045	
							Division 483	Month 3	Audit No. 92700030048		



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 03/20/2000

INVOICE NUMBER: 500479

PAGE: 1

REPORT DATE: 03/14/2000

LABORATORY REPORT NUMBER: 0479

Client's Project Name:

Date Submitted: 03/13/2000

Sample Description: WW TKS

Analysis of the Water Sample.

O & G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

Total:

\$ 39.00

\$ 39.00

\$ 39.00

# RECEIVED

MAR 22 2000

KOPPERS INDS, INC.  
PORTLAND OR

Total Due:

\$ 39.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002197



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/13/20

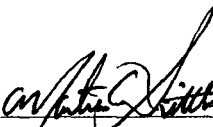
PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0479-001		03/13/2000	1100	Water	WW TKS

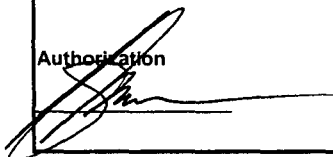
REPORT DATE: 03/16/2000      REPORT NUMBER: 0479      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WW TKS						
0479-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.

REVIEWED BY:

  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500479	3/20/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00		045	
								Division	Month	Audit No.	
				483	3	92700030040					



Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

# Statement

Statement Date:  
Mar 3, 2000

Voice: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

Account Of: Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland,, OR 97210-3663



HAVING TO  
REMINO YOU!

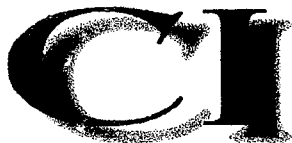
Amount Enclosed

\$ \_\_\_\_\_

Date	Due Date	Reference	Paid	Description	Amount	Balance
12/17/99	1/1/00	592461		→ This was paid check #	39.00	39.00
1/26/00	2/10/00	500153	✓	379645	39.00	78.00
2/4/00	2/19/00	500192	✓	2.1.00	85.00	163.00
2/14/00	2/29/00	500242	✓		39.00	202.00
2/21/00	3/7/00	500296	✓	spoke to Connie @ CI	39.00	241.00
2/25/00	3/11/00	500338	✓	on 3.12.00	39.00	280.00
<p>✓ = has been processed</p> <p>AT  <b>RECEIVED</b>  MAR - 8 2000  KOPPERS INDS, INC.  PORTLAND OR</p>						
					Total	280.00

0-30	31-60	61-90	Over 90 days
202.00	39.00	39.00	0.00

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 03/03/2000

INVOICE NUMBER: 500385

PAGE: 1

REPORT DATE: 03/01/2000

LABORATORY REPORT NUMBER: 0385

Client's Project Name:

Date Submitted: 02/29/2000

Sample Description: W W TKS

Analysis of the Water Sample.

O &amp; G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

\$ 39.00

PHENOLS, TOTAL.....Quoted.... 1 @ \$ 35.00

\$ 35.00

Total:

\$ 74.00

\$ 74.00

Total Due:

\$ 74.00

RECEIVED

MAR - 6 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002201



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/29/20

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0385-001		02/29/2000	1100	Water	W W TKS


REPORT DATE: 03/03/2000      REPORT NUMBER: 0385      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
W W TKS						
0385-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	4.5	mg/L	2	Dick R.
	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.05	Dick R.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$74	500385	3/3/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$74.00	Terms	Due	
				Discount						Code	Date
				Net				\$74.00	045		
								Division	Month	Audit No.	
				483	3	92700030014					

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 02/25/2000

INVOICE NUMBER: 500338

PAGE: 1

REPORT DATE: 02/23/2000

LABORATORY REPORT NUMBER: 0338

Client's Project Name: WASTE WATER ANALYSIS

Date Submitted: 02/22/2000

Sample Description: WW TKS

Analysis of the Water Sample.

O & G TOTAL (HEM)\*.....Quoted.... 1 @ \$ 39.00

Total:

\$ 39.00

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

# RECEIVED

FEB 28 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002204



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/22/20

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0338-001		02/22/2000	0800	Water	WW TKS

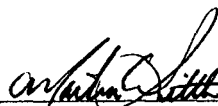
REPORT DATE: 02/23/2000

REPORT NUMBER: 0338


PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WW TKS						
0338-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.

REVIEWED BY:

  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500338	2/25/00	
									<div>Vendor Number</div> <div>014327008</div>		
<div>Authorization</div> 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00	045		
								Division	Month	Audit No.	
				483	2	927000264					

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 02/18/2000

INVOICE NUMBER: 500296

PAGE: 1

REPORT DATE: 02/17/2000

LABORATORY REPORT NUMBER: 0296

Client's Project Name: WASTE WATER ANALYSIS

Date Submitted: 02/15/2000

Sample Description: WW TKS

Analysis of the Water Sample.

O & G TOTAL (HEM).....Quoted.... 1 @ \$ 39.00

Total:

\$ 39.00

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

# RECEIVED

FEB 23 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002207



ORIGINAL



## CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/15/20

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0296-001		02/15/2000	1030	Water	WW TKS

REPORT DATE: 02/18/2000

REPORT NUMBER: 0296

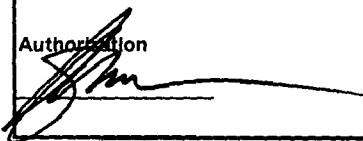
PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WW TKS						
0296-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	7.1	mg/L	2	Gordon L.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$39	500296	2/15/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$39.00	Terms	Due	
				Discount						Code	Date
				Net				\$39.00	045		
								Division 483	Month 2	Audit No. 92700020058	

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 02/14/2000

INVOICE NUMBER: 500242

PAGE: 1

REPORT DATE: 02/09/2000

LABORATORY REPORT NUMBER: 0242

Client's Project Name: WASTE WATER ANALYSIS

Date Submitted: 02/08/2000

Sample Description: WW TKS

Analysis of the Water Sample.

O &amp; G TOTAL (HEM) ..... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

Total Due:

\$ 39.00

# RECEIVED

FEB 15 2000

KOPPERS INDS, INC.  
PORTLAND OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: [lab@ColumbiaInspection.com](mailto:lab@ColumbiaInspection.com)

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002210



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/08/20

PROJECT NAME: WASTE WATER ANALYSIS

PROJECT NUMBER: NONE PROVIDED

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0242-001		02/08/2000	0900	Water	WW TKS

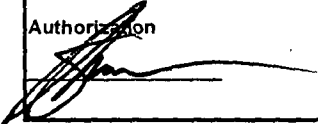
REPORT DATE: 02/11/2000      REPORT NUMBER: 0242      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WW TKS						
0242-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	4.7	mg/L	2	Gordon L.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date
305	807		9270	925	0362			\$39	500242	2/14/00
									<div>Vendor Number</div> <div>014327008</div>	
<div>Authorization</div> 					Gross Amount			\$39.00	Terms	Due
					Discount				Code	Date
					Net			\$39.00	045	
								Division	Month	Audit No.
			483	2	92700020023					

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

# Statement

Statement Date:  
Jan 31, 2000

Voice: 503-286-9464  
Fax: 503-285-7831

Customer Account ID:

071

Account Of: Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland,, OR 97210-3663

Amount Enclosed  
\$ \_\_\_\_\_

Date	Due Date	Reference	Paid	Description	Amount	Balance
10/29/99	11/13/99	592146			39.00	39.00
12/14/99	12/29/99	592400			39.00	78.00
12/17/99	1/1/00	592461			39.00	117.00
1/11/00	1/26/00	500006			291.50	408.50
1/13/00	1/28/00	500059			39.00	447.50
1/26/00	2/10/00	500153			39.00	486.50
<div> <div>RECEIVED</div> <div>FEB 11 2000</div> <div>KOPPERS INDS, INC PORTLAND OR</div> </div>						
Total						486.50

0-30	31-60	61-90	Over 90 days
408.50	39.00	39.00	0.00

# COLUMBIA INSPECTION, INC.

---

7133 N. LOMBARD \* PORTLAND, OR 97203 \* 503-2286-9464 \* FAX 503-285-7831

February 10, 2000

TO ALL OUR CUSTOMERS:

Terms at Columbia Inspection, Inc. are Net 15. Effective March 01, 2000 all invoices 30 days or more over-due, will be subjected to a 1.5% Finance fee.

Finance Fees will accumulate each month on each past due invoice.

Thanks for your understanding in this matter.

Sincerely,

Connie Brown  
Bookkeeper

Copy to:  
Mark Dickerson - Vice President / Operations  
Marvin Schwartz - Vice President / General Manager

PORTLAND, OR \* TACOMA, WA \* SAN FRANCISCO, CA \* LOS ANGELES, CA

ORIGINAL



**COLUMBIA INSPECTION, INC.**  
 U.S. CUSTOMS APPROVED GAUGERS  
 PETROLEUM AND ENVIRONMENTAL LABORATORY  
 TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
 ATTN: AMOS KAMERER  
 7540 NW ST. HELENS ROAD  
 PORTLAND, OR 97210-3663

INVOICE DATE: 02/04/2000

INVOICE NUMBER: 500192

PAGE: 1

REPORT DATE: 02/02/2000

LABORATORY REPORT NUMBER: 0192

Client's Project Name: WASTE WATER ANALYSIS

Date Submitted: 02/01/2000

Lab Number	Sample Number	Sample Description
20000192-001-01		WW TKS
20000192-001-02		WW TKS

Analysis of the Water samples.

O &amp; G TOTAL (HEM)\*..... 1 @ \$ 50.00

\$ 50.00

PHENOLS, TOTAL\*.....Quoted.... 1 @ \$ 35.00

\$ 35.00

Total:

\$ 85.00

\$ 85.00

Total Due:

\$ 85.00

RECEIVED

FEB - 7 2000

KOPPERS  
PORTLAND, OR

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

Thank you for doing business with Columbia Inspection

Please state invoice number and remit to:  
 Columbia Inspection, Inc.  
 P.O. Box 83569, St. Johns Station  
 Portland, OR 97283

Koppers002215





# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/01/20

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0192-001		02/01/2000	0900	Water	WW TKS


REPORT DATE: 02/03/2000      REPORT NUMBER: 0192      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WW TKS		SAMPLE ID:				
0192-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.8	mg/L	2	Gordon L.
	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.05	Abby K.

REVIEWED BY:

Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date	
305	807		9270	925	0362			\$85	500192	2/4/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$85.00	Terms	Due	
				Discount						Code	Date
				Net				\$85.00		045	
								Division 483	Month 2	Audit No. 92700020019	

ORIGINAL



# COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 01/26/2000

INVOICE NUMBER: 500153

PAGE: 1

REPORT DATE: 01/25/2000

LABORATORY REPORT NUMBER: 0153

Client's Project Name:	WASTE WATER ANALYSIS		
Date Submitted:	01/25/20		
Sample Description:	WWTKs		
Analysis of the Water Sample.			
O & G TOTAL (HEM).....	1 @ \$ 39.00	\$ 39.00	
Total:		\$ 39.00	\$ 39.00
Total Due:			\$ 39.00
		<div data-bbox="1045 1457 1409 1526" data-label="Text"> <p>RECEIVED</p> </div> <div data-bbox="1120 1564 1323 1604" data-label="Text"> <p>JAN 27 2000</p> </div> <div data-bbox="1053 1635 1381 1713" data-label="Text"> <p>KOPPERS INDS, INC PORTLAND OR</p> </div>	

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

*Thank you for doing business with Columbia Inspection*

Please state invoice number and remit to:  
Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002218



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 01/25/20

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0153-001		01/24/00	1400	Water	WWTKs


REPORT DATE: 01/26/00

REPORT NUMBER: 0153

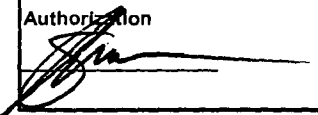
PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WWTKs		SAMPLE ID:				
0153-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	2.8	mg/L	2	Gordon L.

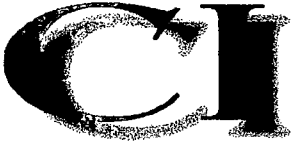
REVIEWED BY:

  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date				
305	807		9270	<del>910</del> 925	0362			\$39	500153	1/26/00				
									Vendor Number 014327008					
Authorization 				Gross Amount				\$39.00	Terms	Due				
				Discount								Code	Date	
				Net				\$39.00	045					
								Division 483	Month 1	Audit No. 92700010064				

ORIGINAL



**COLUMBIA INSPECTION, INC.**  
U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

**INVOICE**

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 01/13/2000

INVOICE NUMBER: 500059

PAGE: 1

REPORT DATE: 01/11/2000

LABORATORY REPORT NUMBER: 000059

Client's Project Name: W W TANKS

Date Submitted: 01/11/20

Sample Description: WASTE WATER GRAB SAMPLE

Analysis of the Water Sample.

O & G TOTAL (HEM)\*..... 1 @ \$ 39.00

\$ 39.00

Total:

\$ 39.00

\$ 39.00

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JAN 14 2000

KOPPERS INDS, INC  
PORTLAND OR

Total Due:

\$ 39.00

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

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Columbia Inspection, Inc.  
P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002221



# CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 01/11/20

PROJECT NAME: W W TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
0059-001		01/11/2000	0900	Water	WASTE WATER GRAB SAMPLE

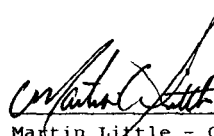
REPORT DATE: 01/11/2000

REPORT NUMBER: 000059

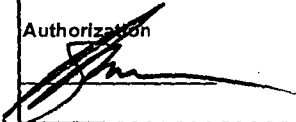
PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
WASTE WATER GRAB SAMPLE		SAMPLE ID:				
0059-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.

REVIEWED BY:

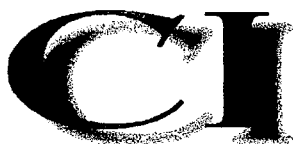
  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No./ PO No.	Amount	Inv No.	Date
305	807		9270	910	0362			\$39		
									500059	1/13/00
									Vendor Number	
									014327008	
Authorization 								Gross Amount		\$39.00
								Discount		
								Net		\$39.00
								Division		483
								Terms		Due
								Code		Date
								045		
								Month		Audit No.
								1		92700010036



ORIGINAL



## COLUMBIA INSPECTION, INC.

U.S. CUSTOMS APPROVED GAUGERS  
PETROLEUM AND ENVIRONMENTAL LABORATORY  
TANK CALIBRATIONS

## INVOICE

KOPPERS INDUSTRIES, INC.  
ATTN: AMOS KAMERER  
7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210-3663

INVOICE DATE: 01/11/2000

INVOICE NUMBER: 500006

PAGE: 1

REPORT DATE: 01/05/2000

LABORATORY REPORT NUMBER: 000006

Client's Project Name: WASTE WATER TANKS

Date Submitted: 01/03/19

Lab Number	Sample Number	Sample Description
20000006-001-01		WASTE WATER GRAB SAMPLE
20000006-001-02		WASTE WATER GRAB SAMPLE
20000006-001-03		WASTE WATER GRAB SAMPLE

Analysis of the Water samples.

O &amp; G TOTAL (HEM)..... 1 @ \$ 39.00

PHENOLS, TOTAL.....Quoted.... 1 @ \$ 35.00

PNAH 2.....Quoted.... 1 @ \$ 145.00

Total:

RUSH FEE.....

RECEIVED

JAN 12 2000

KOPPERS INDS, INC.  
PORTLAND OR

\$ 39.00

\$ 35.00

\$ 145.00

\$ 219.00

\$ 219.00

\$ 72.50

\$ 72.50

Total Due:

\$ 291.50

COLUMBIA INSPECTION, INC. 7133 N. Lombard, Portland, OR 97203 Phone:(503) 286-9464 Fax:(503) 286-5355 E-mail:lab@ColumbiaInspection.com

All work performed is subject to the terms and conditions of our current schedule of rates. Liability is limited to the amount of this invoice.

Thank you for doing business with Columbia Inspection

Please state invoice number and remit to:

Columbia Inspection, Inc.

P.O. Box 83569, St. Johns Station  
Portland, OR 97283

Koppers002224



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 01/03/19

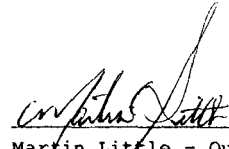
PROJECT NAME: WASTE WATER TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
000006-001		01/03/2000	1000	Water	WASTE WATER GRAB SAMPLE


REPORT DATE: 01/05/2000      REPORT NUMBER: 000006      PAGE: 1 OF 1

		DETECTION				
SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	LIMIT	ANALYST
WASTE WATER GRAB SAMPLE		SAMPLE ID:				
000006-001	O & G TOTAL (HEM)	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.
	PHENOLS, TOTAL	TOTAL RECOVERABLE PHENOLICS	0.16	mg/L	0.05	Dick R.
	PNAH 2	ACENAPHTHENE	7.7	ug/L	0.05	Jacob F.
	EPA 625 (SIM)	ACENAPHTHYLENE	1.3	ug/L	0.05	
		ANTHRACENE	5.2	ug/L	0.05	
		BENZO(A)ANTHRACENE	24	ug/L	0.05	
		BENZO(A)PYRENE	42	ug/L	0.2	
		BENZO(B)FLUORANTHENE	30	ug/L	0.2	
		BENZO(GHI)PERYLENE	34	ug/L	0.5	
		BENZO(K)FLUORANTHENE	29	ug/L	0.2	
		CHRYSENE	29	ug/L	0.05	
		DIBENZO(AH)ANTHRACENE	5.6	ug/L	0.3	
		FLUORANTHENE	46	ug/L	0.05	
		FLUORENE	5.5	ug/L	0.05	
		INDENO(1,2,3-CD)PYRENE	38	ug/L	0.4	
		NAPHTHALENE	0.79	ug/L	0.05	
		PHENANTHRENE	16	ug/L	0.05	
		PYRENE	42	ug/L	0.05	
		SURROGATE	77%	% RECOVERY	50%-150%	

REVIEWED BY:

  
Martin Little - Quality Manager

Vendor Name Columbia Inspection

G/L	Detail	Subdetail	Location	Department	Tax	Emp No.	Move No / PO No.	Amount	Inv No.	Date	
305	807		9270	910	0362			\$292	500006	1/11/00	
									Vendor Number 014327008		
Authorization 				Gross Amount				\$291.50	Terms	Due	
				Discount						Code	Date
				Net				\$291.50		045	
								Division 483	Month 1	Audit No. 92700010027 92700102	

Columbia Inspection, Inc.  
P.O. Box 83569  
Portland,, OR 97283  
U.S.A.

Voice: 503-286-9464  
Fax: 503-285-7831

## Statement

Statement Date:  
Dec 31, 1999

Customer ID:  
071

**Account Of:**

Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland,, OR 97210-3663

Amount Enclosed  
\$

Date	Date Due	Reference	Paid	Description	Amount	Balance
10/29/99	11/13/99	592146 *			39.00	39.00
11/12/99	11/27/99	592214 *			74.00	113.00
11/22/99	12/7/99	592282 *			39.00	152.00
11/30/99	12/15/99	592316 *			39.00	191.00
12/6/99	12/21/99	592366 *			74.00	265.00
12/14/99	12/29/99	592400 *			39.00	304.00
12/17/99	1/1/00	592461 *			39.00	343.00

*Processed in Nov. 1999*

*Processed in December 1999*

RECEIVED

JAN 12 2000

KOPPERS IND., INC.  
PORTLAND OR

TOTAL 343.00

0-30	31-60	61-90	Over 90 days
230.00	113.00	0.00	0.00

Please attend to this payment as soon as possible.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location, if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY NORTHWEST PLANT  
LOCATION MULTNOMATH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-100077-9  
PERMIT NUMBER

DISCHARGE NUMBER

3077-J

47430

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
91	12	1	91	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	2903							N/A	2/31	EST
	PERMIT REQUIREMENT		NA	GPD							
	SAMPLE MEASUREMENT				46	46	46		0	2/31	GRAB
	PERMIT REQUIREMENT						110	° F			
PH	SAMPLE MEASUREMENT				5.7	5.95	6.2		0	2/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				0.6	0.7	0.8	MG / L	0	2/31	GRAB
	PERMIT REQUIREMENT					10	15				
PHENOL	SAMPLE MEASUREMENT				0.18	0.2	0.22	MG / L	0	2/31	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503  
AREA  
CODE

286-3681  
NUMBER

92 01 14  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER," where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

FOLD HERE THIRD

STAPLE HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries Inc.  
ADDRESS 2500 N.W. St. Helen Rd.  
Platford Ct 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)  
OR-100177-9  
PERMIT NUMBER

(17-19)  
001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY Northwest Plant  
LOCATION Multnomah County

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
91 12 1 91 12 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow.	SAMPLE MEASUREMENT	2903							N/A	2/31	EST
	PERMIT REQUIREMENT		NA	GRD							
TEMP	SAMPLE MEASUREMENT				46	46	46		0	2/31	GRAB
	PERMIT REQUIREMENT						110	°F			
Ph.	SAMPLE MEASUREMENT				5.7	5.95	6.2		0	2/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SEC			
oil + Grease	SAMPLE MEASUREMENT				0.6	0.7	0.8	mg/l	0	2/31	GRAB
	PERMIT REQUIREMENT					1.0	1.5	/2			
Phenols	SAMPLE MEASUREMENT				0.18	0.2	0.22	mg/l	0	2/31	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
JOHN BOXFORD  
PLANT MANAGER  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503 286368192 1 14  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

12-26-91  
w.w. T-4

Ph 5.7

water

Temp.

46°



12-26-91

w-w-T-3

Ph 6.2

water

Temp.

46°

## CHAIN OF CUSTODY



**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

[illegible]

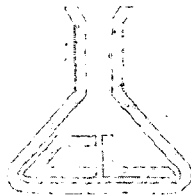
WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY

**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

COFFEY LABORATORIES, INC.



CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

**COMPANY NAME** — Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** — Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** — The person who took the sample signs this box and gives his/her title.

**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

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**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OREGON 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

## FACSIMILE TRANSMITTAL LOG

TO: Company Name: Koppers  
Attention: George Hoffman  
Phone #: ( ) 285-2831

Date: 1/8/92

# of Pages (Including Cover Sheet): 2

TELECOPIER PHONE #: (503) 254-1452 CONFIRMATION PHONE #: (503) 254-1794

COMMENTS:

Results for samples collected on 12/26/91

Doc. ID: WASTEWAT.FOR  
 Volume: FORM  
 Section: 4.0  
 Revision #: 1.00  
 Date: December 23, 1991

Wastewater Analysis Form

Parameter	Method	Detection Limit	WWT-3	WWT-4	Units
pH	EPA 150.1	---			S.U.
Flash Point	EPA 1020	---			°F
TSS	EPA 160.2	1			mg/L
BOD	EPA 405.1	1			mg/L
COD	EPA 410.4	1			mg/L
Oil & Grease	EPA 413.2	0.5	0.6	0.8	mg/L
Total Cyanide	EPA 335.2	0.02			mg/L
Free Cyanide	SM 412-H	0.02			mg/L
Ammonia	SM 417-A,D	0.2			mg/L
Fluoride	EPA 340.2	0.2			mg/L
Total Phenols	EPA 420.1	0.05	0.18	0.22	mg/L
Total Sulfides	SM 427-C	0.05			mg/L
Cadmium	*	0.02			mg/L
Chromium	*	0.05			mg/L
Copper	*	0.05			mg/L
Lead	*	0.1			mg/L
Mercury	EPA 7470	0.1			mg/L
Nickel	*	0.05			mg/L
Silver	*	0.05			mg/L
Zinc	*	0.05			mg/L
					mg/L
					mg/L

Add on  
 EPA 601/601 \_\_\_\_\_ EPA 624 \_\_\_\_\_ EPA 625 \_\_\_\_\_ QC \_\_\_\_\_

Dec

UW 3  
45 000

UW 4  
 $45000 = 90000 \div 2 = 45000$

Flow

Temp. 46

$46 = 92 \div 2 = 46$

Ph. 6.2

$5.7 = 11.4 \div 2 = 5.7$

sil +  
grass.

0.6

$0.8 = 1.6 \div 2 = 0.8$

Phosph.

0.18

$0.22 = 0.44 \div 2 = 0.22$



Report Date: January 9, 1992

Job#: WG-911226X-2

PO#: VERBAL JOHN  
(O&G/Phenols)

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

SAMPLE INFORMATION:

Date Samples Were Received By Laboratory: 12/26/91


Lab No.	Field Identification	Sample Matrix	Date	Time
1	W-W-T-3	Waste Water	12-26-91	1515
2	W-W-T-4	Waste Water	12-26-91	1515

ANALYTICAL RESULTS:

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-3 RESULTS	W-W-T-4 RESULTS
Oil & Grease	EPA 413.2	0.5	0.6	0.8
Total Phenols	EPA 420.1	0.05	0.18	0.22

Results expressed as mg/L unless otherwise noted.

Sincerely,

  
Renee Chauvin  
Technical Director

RJC/lws

This report is for the sole and exclusive use of the above-named client. Samples are retained 15 days from the report date, or until holding time expires. Results pertain only to samples submitted.

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002238

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY NORTHWEST PLANT  
LOCATION MULTNOMATH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

00-100077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
81 11 1 81 11 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	6000								
	PERMIT REQUIREMENT		N/A	GPD						EST
TEMP	SAMPLE MEASUREMENT				50	51	52	0	4/30	GRAB
	PERMIT REQUIREMENT						110			
PH	SAMPLE MEASUREMENT				6.2	6.5	6.7	0	4/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0			
OIL & GREASE	SAMPLE MEASUREMENT				0.8	1.425	2.8	0	4/30	GRAB
	PERMIT REQUIREMENT					10	15			
PHENOLS	SAMPLE MEASUREMENT				0.0	0.0925	0.19	0	4/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503

286-3681

91

12

12

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: for municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

STAMP  
PLACE  
HERE

FOLD HERE THIRD

STAPLE HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME DOLPERS INDUSTRIES INC  
 ADDRESS 7540 NW STEELE RD  
PORTLAND OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

(2-16)  
OR-1000 77-9  
 PERMIT NUMBER

(17-19)  
 DISCHARGE NUMBER

Form Approved  
 OMB No. 2040-0004  
 Expires 3-31-88

FACILITY NORTHWEST PLANT  
 LOCATION MULTNOMATH COUNTY

MONITORING PERIOD  
 FROM YEAR 91 MO 11 DAY 1 TO YEAR 91 MO 11 DAY 30  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	6000							1/p	4/30	Est.
	PERMIT REQUIREMENT		NA	GPD							
TEMP	SAMPLE MEASUREMENT				50	51	52		0	4/30	Thab
	PERMIT REQUIREMENT						110	° F			
Ph	SAMPLE MEASUREMENT				6.2	6.5	6.7		0	4/30	Thab
	PERMIT REQUIREMENT				6.0		1.0	SH			
oil & Grease	SAMPLE MEASUREMENT				0.8	1.420	2.8	mg/L	0	4/30	Thab
	PERMIT REQUIREMENT					10	15				
Phenols	SAMPLE MEASUREMENT				0.0	0.0925	0.19	mg/L	0	4/30	Thab
	PERMIT REQUIREMENT					0.5	0.7	(ppm)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MGR.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

513  
 AREA CODE

286-3681  
 NUMBER

91 12 12  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

now.

	WW 1	WW 2	WW 3	WW 4
flow	45000	45000	45000	$40000 = 180,000 + 30 = 6000$

Temp	50	50	52	$52 = 204 \div 4 = 51$
------	----	----	----	------------------------

Ph.	6.6	6.7	6.5	$6.2 = 26.0 \div 4 = 6.5$
-----	-----	-----	-----	---------------------------

oil + grease	2.8	1.3	0.8	$0.8 = 5.7 \div 4 = 1.425$
--------------	-----	-----	-----	----------------------------

Phosphate	ND	0.06	0.19	$0.12 = 0.37 \div 4 = 0.0925$
-----------	----	------	------	-------------------------------

11-26-91

W - W T - 1

PH = 6.6

---

Temp. = 50° F

11-26-91

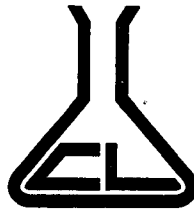
W-W T-2

PH = 6.7

---

TEMP = 50°F

(503) 254-1794 • FAX (503) 254-1452

**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

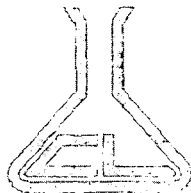
[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

COFFEY LABORATORIES, INC.



CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

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**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

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**COLLECTION TIME** — The time at which the sample(s) was/were collected.

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**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

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**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



Report Date: December 9, 1991  
Job#: WG-911126AL-2  
PO#: VERBAL JOHN  
(O&G/Phenols)

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 11/26/91

Lab No.	Field Identification	Sample Matrix	Date	Time
1	WW T-1	Waste Water	11-26-91	1600
2	WW T-2	Waste Water	11-26-91	1600

**ANALYTICAL RESULTS:**

PARAMETER	METHOD	DETECTION LIMITS	WW T-1 RESULTS	WW T-2 RESULTS
Oil & Grease	EPA 413.2	0.2	2.8	1.3
Total Phenols	EPA 420.1	0.05	ND	0.06

Results expressed as mg/L unless otherwise noted.

ND means none detected at or above the detection limit listed.

Sincerely,

Renee Chauvin  
Technical Director

RJO/lws

This report is for the sole and exclusive use of the above-named client. Samples are retained 15 days from the report date, or until holding time expires. Results pertain only to samples submitted.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

POZ

LAB \* COFFEY \* 12.12.91 03:45PM

Koppers002247



11-19-91  
w-w-T-4  
Ph 6.2

---

water Temp.  
52

11-19-91  
W-W-T-3

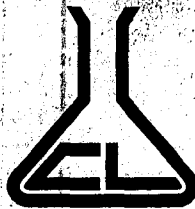
Ph 6.5

---

water Temp.

52

(503) 254-1794 • FAX (503) 254-1452



## COFFEY LABORATORIES - PENDLETON BRANCH

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

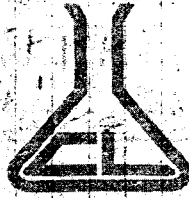
SHADED AREA FOR LABORATORY USE ONLY

**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

(7/90)

Koppers002250

# COFFEY LABORATORIES, INC.



## CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

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**COLLECTION DATE** — The date on which the sample(s) was/were collected.

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**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



Report Date: November 27, 1991

Job#: WG-911119AP-2

PO#: VERBAL JOHN  
(O&G/Phenols)

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 11/19/91

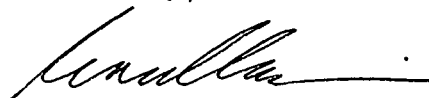
Lab No.	Field Identification	Sample Matrix	Date	Time
1	W-W-T-3	Waste Water	11-19-91	1540
2	W-W-T-4	Waste Water	11-19-91	1540

**ANALYTICAL RESULTS:**

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-3 RESULTS	W-W-T-3 RESULTS
Oil & Grease	EPA 413.2	0.5	0.8	0.8
Total Phenols	EPA 420.1	0.05	0.19	0.12

Results expressed as mg/L unless otherwise noted.

Sincerely,

  
Renee Chauvin  
Technical Director

RJC/lws

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**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002252

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC

ADDRESS 7540 NW ST HELENS RD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-100077-9

PERMIT NUMBER

01

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY NORTHWEST PLANT

LOCATION MULTNOMAH COUNTY

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 10 1 91 10 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

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PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	2903		GPD					N/A	2/31	EST
	PERMIT REQUIREMENT		NA								
TEMP	SAMPLE MEASUREMENT				58	58.5	59	0	2/31	GRAB	
	PERMIT REQUIREMENT						110				OF
PH	SAMPLE MEASUREMENT				6.1	6.2	6.3	0	2/31	GRAB	
	PERMIT REQUIREMENT				6.0		9.0				SU
OIL & GREASE	SAMPLE MEASUREMENT				1.5	1.7	1.9	0	2/31	GRAB	
	PERMIT REQUIREMENT					10	15				MG/L
PHENOLS	SAMPLE MEASUREMENT				0.16	0.16	0.16	0	2/31	GRAB	
	PERMIT REQUIREMENT					0.5	0.7				(PPM)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503 286-3681 91 11 15  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week. "1/30" for one day per month. "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample. "24HC" for 24-hour composite. "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN, REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER with SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT, "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

**FOLD HERE SECOND**

555-3092

	УЛИЦА РАДИЩЕВА	МОСКОВСКАЯ
	СТАНЦИЯ РАДИАТОРА	
	РЕСТАВРАЦИЯ	(ЧАС)

THE  
LIBRARY  
OF THE  
CONGRESS  
READINGS  
ROOM  
510  
CAPITOL BUILDING  
WASHINGTON, D. C. 20540

Импрессионизм и неформализм в искусстве

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries Inc.  
ADDRESS 75740 NW ST NELENS RD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

08-100077-1

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY NORTHWEST PLANT  
LOCATION MILKINMAH COUNTY

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 10 1 91 10 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	2403.225								2/31	Est.
	PERMIT REQUIREMENT		N/A	GPD							
TEMP	SAMPLE MEASUREMENT				58	58.5	59		0	2/31	GRAB
	PERMIT REQUIREMENT						110	°F			
Ph	SAMPLE MEASUREMENT				6.1	6.2	6.3		0	2/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
Oil & Grease	SAMPLE MEASUREMENT				1.5	1.7	1.9		0	2/31	GRAB
	PERMIT REQUIREMENT					10	15	mg/L			
Phenols	SAMPLE MEASUREMENT				0.16	0.16	0.16		0	2/31	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
JOHN A. OXFORD  
PLANT MANAGER.  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE  
503/286-3681

DATE  
91 11 15

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE  
503

NUMBER  
286-3681

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



# October Reg report

flow.

WW 1

45000

WW 2

$45000 = 90000 \div 2 = 2903,220$

Temp.

59

$58 = 117 \div 2 = 58.5$

Ph.

6.3

$6.1 = 12.4 \div 2 = 6.2$

oil + Gum

1.9

$1.5 = 3.4 \div 2 = 1.7$

Phos.

0.16

$0.16 = 0.32 \div 2 = 0.16$



Report Date: October 29, 1991  
Job#: WG-911Q23AR-2  
PO#: VERBAL JOHN (O&G/Phenols)

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 10/23/91

Lab No.	Field Identification	Sample Matrix	Date	Time
1	W-W-T-1	Waste Water	10-23-91	1500
2	W-W-T-2	Waste Water	10-23-91	1500

**ANALYTICAL RESULTS:**

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-1 RESULTS	W-W-T-2 RESULTS
Oil & Grease	EPA 413.2	0.5	1.9	1.5
Total Phenols	EPA 420.1	0.05	0.16	0.16

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

Sincerely,

Susan M. Coffey,  
President

SMC/lws

This report is for the sole and exclusive use of the above-named client. Samples are retained 15 days from the report date, or until holding time expires. Results pertain only to samples submitted.

RECEIVED  
OCT 31 1991  
KOPPER INDUSTRIES  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002257

10-23-91

W-W-T-2

Ph 6-1

---

water Temp.

58

10-23-91

w-w-T-1

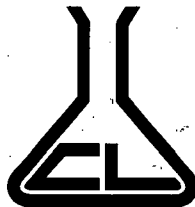
Ph 6.3

---

Water Temp.

59

(503) 254-1794 • FAX (503) 254-1452

**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

[illegible]

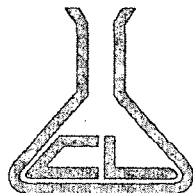
WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY

**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

## COFFEY LABORATORIES, INC.



### CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

**COMPANY NAME** — Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** — Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** — The person who took the sample signs this box and gives his/her title.

**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC

ADDRESS 7540 NW ST HELENS RD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-100077-9

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY NORTHWEST PLANT

LOCATION MULTNOMAH COUNTY

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 9 1 91 9 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	3000							N/A	2/30	EST
	PERMIT REQUIREMENT		N/A	GPD							
TEMP	SAMPLE MEASUREMENT				78	78	78	O/F	0	2/30	GRAB
	PERMIT REQUIREMENT						110				
PH	SAMPLE MEASUREMENT				6.1	6.25	6.4		0	2/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.5	0.5	0.5	MG/L	0	2/30	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				0.12	0.13	0.14	MG/L	0	2/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503

286-3681

91 10 17

XXXXXX

AREA  
CODE

NUMBER

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION, BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

STAMP  
PLACE  
HERE

FOLD HERE THIRD

STAPLE HERE



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7840 NW ST HELEN RD  
PORTLAND OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)  
OR-100077-9  
PERMIT NUMBER

(17-19)  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY NORTHWEST PLANT  
LOCATION MULTNOMAH COUNTY

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	9	1		91	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-5  
47430

NOTE: Read instructions before completing this form

PARAMETER (32-37)	<div></div>	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	GAP TIME (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow.	SAMPLE MEASUREMENT	3000		GRD					1/2	2/30	Est.
	PERMIT REQUIREMENT		N/A								
Temp	SAMPLE MEASUREMENT				78	78	78	° F	0	2/30	GRAB
	PERMIT REQUIREMENT						110				
PH	SAMPLE MEASUREMENT				6.1	6.25	6.4	SU	0	2/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
Oil & grease	SAMPLE MEASUREMENT				0.5	0.5	0.5	mg/l	0	2/30	GRAB
	PERMIT REQUIREMENT					1.0	1.5	2.			
Phenols.	SAMPLE MEASUREMENT				0.12	0.13	0.14	mg/l	0	2/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(ppm)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>JOHN A OXFORD</u> <u>PLANT MANAGER</u> TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			503	286364	91	10	17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

flow

WW #3

45000

WW #4

$45000 = 90000 \div 2 = 30000$

Temp.

78

$78 = 156 \div 2 = 78$

Ph.

6.4

$6.1 = 12.2 \div 2 = 6.1$

oil & grease

0.5-

$0.5 = 1 \div 2 = 0.5$

phos.

0.14

$0.12 = 0.24 \div 2 = 0.12$



Report Date: August 28, 1991

Job#: WG-910820AM-2

PO#: VERBAL JOHN

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

SAMPLE INFORMATION:

Date Samples Were Received By Laboratory: 08/20/91

Lab No.	Field Identification	Sample Matrix	Date	Time
1	W-W-T-3	Waste Water	08-20-91	14:45
2	W-W-T-4	Waste Water	08-20-91	14:45


ANALYTICAL RESULTS:

PARAMETER	METHOD	DETECTION LIMITS	SAMPLE #1 RESULTS	SAMPLE #2 RESULTS
Oil & Grease	EPA 413.2	0.5	trace, <0.5	0.5
Total Phenols	EPA 420.1	0.05	0.14	0.12

Results expressed as mg/L unless otherwise noted.

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

  
Renee Chauvin,  
Technical Director

RJC/mlh

This report is for the sole and exclusive use of the above-named client. Samples are retained 15 days from the report date, or until holding time expires. Results pertain only to samples submitted.

RECEIVED

AUG 30 1991

KOPPERS IND., INC.  
PORTLAND, OR

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002266

8-20-91

w-w-T-3

Ph 6.4

---

water

Temp. 78

8-20-91

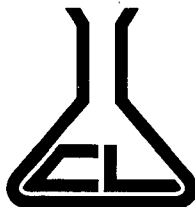
w-w-T-4

Ph 6.1

water

Temp. 78

(503) 254-1794 • FAX (503) 254-1452

**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

PROJECT #:	PROJECT NAME:	P.O. #:	PAGE _____ of _____ PAGES PLEASE PRINT OR TYPE	FOR LABORATORY USE ONLY	
COMPANY NAME: <b>Koppers IND. INC.</b>				JOB #:	
REPORT ATTENTION: <b>John Ox Ford</b>				<b>W 6910820 AMZ</b>	
SAMPLES COLLECTED BY: <b>George Hoffman</b>				CUSTABBR: <b>Koppers</b>	
FIELD IDENTIFICATION:	LAB	COLLECTION	MEDIA	ANALYSIS REQUESTED	ANALYSIS REMARKS
ONE LINE PER SAMPLE CONTAINER	LOC ID	DATE TIME			
<b>W-W-T-3</b>		<b>8-20-91 2:45PM</b>		<b>oil + Grease</b>	
<b>W-W-T-3</b>		<b>" "</b>		<b>Phenols</b>	
<b>W-W-T-4</b>		<b>" "</b>		<b>oil + Grease</b>	
<b>W-W-T-4</b>		<b>" "</b>		<b>Phenols</b>	
RELINQUISHED BY:	DATE/TIME	RECEIVED BY:	DATE/TIME	LAB USE:	
RELINQUISHED BY: <b>George Hoffman</b>	<b>8-20-91</b>	RECEIVED BY LAB: <b>John E. Lutz</b>	<b>8/20/91 1600</b>		
SAMPLE REMARKS:		LEVEL 1 2 3 4	EXPRESS UPS MAIL <input checked="" type="checkbox"/> GREY TAXI LAB		

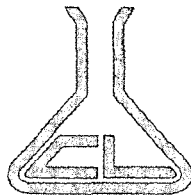
WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY

**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

COFFEY LABORATORIES, INC.



CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

**COMPANY NAME** — Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** — Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** — The person who took the sample signs this box and gives his/her title.

**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-100077-9  
PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY NORTHWEST PLANT  
LOCATION MULTNOMAH COUNTY

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 8 1 91 8 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW								
	PERMIT REQUIREMENT									
TEMP	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PH	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
OIL & GREASE	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PHENOLS	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681

AREA  
CODE

NUMBER

DATE

91 9 11

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week; "1/30" for one day per month. "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample. "24HC" for 24-hour composite. "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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STAPLE HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW STELLENS RD  
PORTLAND OR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)  
OR-100077-9  
PERMIT NUMBER

(17-19)  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY D-W Plant  
LOCATION MULTNOMAH COUNTY

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-8  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	No Flow									
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
Ph	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
Oil & Grease	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
Phenols	SAMPLE MEASUREMENT				no Flow						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
John P. Dettl  
Plant mgr.  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503 286-3681 91 9 11  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY N W PLANT  
LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)  
OR-100077-9  
PERMIT NUMBER

(17-19)  
DISCHARGE NUMBER

3077-J

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
91	7	1	91	8	1			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW								
	PERMIT REQUIREMENT									
TEMP	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PH	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
OIL & GREASE	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PHENOLS	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681

AREA  
CODE

NUMBER

DATE

91 8 13

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### GENERAL INSTRUCTIONS

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2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
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(FOLD HERE FIRST)

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11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

### LEGAL NOTICE

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PLACE  
STAMP  
HERE

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PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY N.W. PLANT  
LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-100077-9

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 6 2 91 7 1  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	SAMPLE MEASUREMENT	6000							N/A	4/30	EST	
	PERMIT REQUIREMENT		N/A	GPD								
TEMP	SAMPLE MEASUREMENT				58	59.28	61	°F	6	4/30	GRAB	
	PERMIT REQUIREMENT						110					
PH	SAMPLE MEASUREMENT				6.1	6.475	6.8		0	4/30	GRAB	
	PERMIT REQUIREMENT				6.0		9.0	SU				
OIL & GREASE	SAMPLE MEASUREMENT				0.7	1.0	1.2	MG/L	0	4/30	GRAB	
	PERMIT REQUIREMENT					10	15					
PHENOLS	SAMPLE MEASUREMENT				0.14	0.2475	0.44	MG/L	0	4/30	GRAB	
	PERMIT REQUIREMENT					0.5	0.7	(PPM)				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE				
JOHN A OXFORD PLANT MANAGER						503 286-3681		91	7	11		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
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(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN; REFERENCE EACH VIOLATION BY DATE.
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12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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PLACE  
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HERE

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Koppers002277

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industrial Inc.  
ADDRESS 28-40 N. W. St. Hills Rd.  
Pittsford, N. Y. 14221

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER  
OR-168077-9

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

FACILITY N. W. Plant  
LOCATION Mulhonnat County

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
91	6	1	91	7	1	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

3077-7  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	6000								4/30	ELT
	PERMIT REQUIREMENT		N/A	GPD							
Temp	SAMPLE MEASUREMENT				58	59.25	61		0	4/30	GRAB
	PERMIT REQUIREMENT						110	F			
Ph.	SAMPLE MEASUREMENT				6.1	6.475	6.8		0	4/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
oil & grease	SAMPLE MEASUREMENT				0.7	1.0	1.2	mg/l	0	4/30	GRAB
	PERMIT REQUIREMENT					1.0	1.5	2			
Phos.	SAMPLE MEASUREMENT				0.14	0.2475	0.44	mg/l	0	4/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John A. O'Neil  
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

503 286-3681

DATE

91 7 41

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

	WWI	WW2	WW3	WW4
Flow.	45,000	45000	45000	45000 = 180,000 ÷ 30,6000

Temp.	60	61	58	58 = 237 ÷ 4 = 59.25
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Ph.	6.1	6.3	6.8	6.2 = 20.9 ÷ 4 = 6.475
-----	-----	-----	-----	------------------------

oil + grease.	0.7	1.2	1.2	0.9 = 4.0 ÷ 4 = 1.0
---------------	-----	-----	-----	---------------------

Phos.	0.22	0.44	0.19	0.14 = 0.99 ÷ 4 = 0.2475
-------	------	------	------	--------------------------





Attention: John Oxford  
Koppers Industry  
7540 N.W. St. Helens Road  
Portland, OR 97210

June 27, 1991  
Log #WG910620AG-2

Samples Collected: 06/20/91, 1345 hrs.  
Samples Received: 06/20/91

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-1 RESULTS	W-W-T-2 RESULTS
Oil & Grease	EPA 413.2	0.5	0.7	1.2
Total Phenols	EPA 420.1	0.05	0.22	0.44

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

RJC/daj

Sincerely,

Renee Chauvin,  
Technical Director

This report is for the sole and exclusive use of the client. Samples are retained  
a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

JUL 1 1991

KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002280

6-20-91

W-W-T-1

Ph 6.1

---

water Temp.

60° F

6-20-91

W-W-T-2

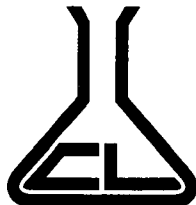
Ph 6.3

---

Water Temp.

61° F

## CHAIN OF CUSTODY



(503) 276-0385

[illegible]

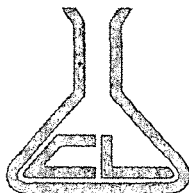
WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

Koppers002283

## COFFEY LABORATORIES, INC.



### CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

**COMPANY NAME** — Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** — Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** — The person who took the sample signs this box and gives his/her title.

**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



May 21, 1991  
Log #WG910509-AC2  
PO #Verbal-John

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Road  
Portland, OR 97210

Samples Collected: 05/09/91, 1445 hrs.  
Samples Received: 05/09/91  
Sample ID: #1 - W-W-T-3  
          #2 - W-W-T-4

PARAMETER	METHOD	DETECTION LIMITS	SAMPLE RESULTS	SAMPLE RESULTS
Oil & Grease	EPA 413.2	0.5	1.2	0.9
Total Phenols	EPA 420.1	0.05	0.19	0.14

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

RJC/lws

Sincerely,

Renee Chauvin,  
Technical Director

This report is for the sole and exclusive use of the client. Samples are retained  
a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

MAY 23 1991

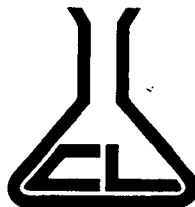
KOPPERS INDS. INC.  
PORTLAND, OR

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002285

(503) 254-1794 • FAX (503) 254-1452

**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

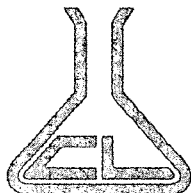
[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

## COFFEY LABORATORIES, INC.



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**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



5-9-91

W-W-T-3

Ph 6.8

---

Water Temp

58°F

5-9-91

W-W-T-4

Ph 6.7

---

water Temp.

58°F

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME **KOPPERS INDUSTRIES INC**  
ADDRESS **7540 NW ST HELENS RD**  
**PORTLAND OR 97210**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
(2-16) (17-19)

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

**OR-10007709**  
PERMIT NUMBER

DISCHARGE NUMBER

3077-J  
47430

FACILITY **N.W. PLANT**  
LOCATION **MULTNOMAH COUNTY**

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
91	5	1	91	6	1			
(20-21)			(26-27)			(30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW								
	PERMIT REQUIREMENT									
TEMP	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PH	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
OIL & GREASE	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
PHENOLS	SAMPLE MEASUREMENT				NO FLOW					
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503 286-3681

91 6 10

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week. "1/30" for one day per month. "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample. "24HC" for 24-hour composite. "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

### LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

(FOLD HERE THIRD)

STAPLE HERE

PLACE  
STAMP  
HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC  
ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY N W PLANT  
LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR 100077-9  
PERMIT NUMBER

DISCHARGE NUMBER

3077-J  
47430

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
91	4	1	91	5	1			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	6000						N/	4/	EST	
	PERMIT REQUIREMENT		NA	GPD					30		
TEMP	SAMPLE MEASUREMENT				52	54.25	56	0	4/	GRAB	
	PERMIT REQUIREMENT								30		
PH	SAMPLE MEASUREMENT				6.3	6.475	6.7	0	4/	GRAB	
	PERMIT REQUIREMENT				6.0		9.0		30		
OIL & GREASE	SAMPLE MEASUREMENT				0.4	0.625	0.8	MG	4/	GRAB	
	PERMIT REQUIREMENT					10	15	L	30		
PHENOLS	SAMPLE MEASUREMENT				0.15	0.1825	0.22	MG	4/	GRAB	
	PERMIT REQUIREMENT								30		
	SAMPLE MEASUREMENT					0.5	0.7				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					503	286-3681	91	5	22
							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
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(FOLD HERE FIRST)

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12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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FOLD HERE SECOND

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HERE  
STAMP  
PLACE

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---

---

FOLD HERE THIRD

STAPLE HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC

ADDRESS 2540 N W ST HELENS RD

PORTLAND OR 97216

FACILITY NW PLANT

LOCATION MULTNOMAH CO UNIV

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00-100077-9

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
91 4 1 91 5 1

3077-5  
47430

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow.	SAMPLE MEASUREMENT	6000								N/A	4/30	EST
	PERMIT REQUIREMENT		N/A	GPD								
Temp.	SAMPLE MEASUREMENT				52	54.25	56			0	4/30	GRAB
	PERMIT REQUIREMENT						110	F				
Ph.	SAMPLE MEASUREMENT				6.3	6.475	6.7			0	4/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU				
Oil + Grease	SAMPLE MEASUREMENT				0.4	0.625	0.8	mg/l		0	4/30	GRAB
	PERMIT REQUIREMENT					10	15	L				
Phosphate.	SAMPLE MEASUREMENT				0.15	0.1825	0.22	mg/l		0	4/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD

PLANT MANAGER

TYPED OR PRINTED

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TELEPHONE

603 286-3681

AREA CODE NUMBER

DATE

91 5 22

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

	WWI	WW2	WW3	WW4
Flow	45,000	45,000	45,010	$45,000 = 180,000$ $\div 30 = 6,000$

Temp.	56	56	53	$52 = 217 \div 4 =$ $54.25-$
-------	----	----	----	---------------------------------

Ph.	6.5	6.7	6.3	$6.4 = 25.9 \div 4 =$ $6.475-$
-----	-----	-----	-----	-----------------------------------

oil & gas.	0.8	0.8	0.4	$0.5 = 2.5 \div 4 =$ $0.625-$
---------------	-----	-----	-----	----------------------------------

Phos.	0.20	0.22	0.15-	$0.16 = 0.73 \div 4 =$ $0.1825-$
-------	------	------	-------	-------------------------------------





April 30, 1991  
Log #A910416-AH2  
PO: Verbal John

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

Samples Collected: 04/16/91, 1400 hrs.  
Samples Received: 04/16/91

PARAMETER	METHOD	DETECTION LIMITS	W.W. TK#1 RESULTS	W.W. TK#2 RESULTS
Oil & Grease	EPA 413.2	0.5	0.8	0.8
Total Phenols	EPA 420.1	0.05	0.15	0.16

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

Sincerely,

Renee Chauvin,  
Technical Director

RJC/lws

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

APR - 6 1991

KOPPERS INDS., INC.  
PORTLAND, OR

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002296

4-16-91

W-W T-1

Ph = 6.5

Temp = 56°F

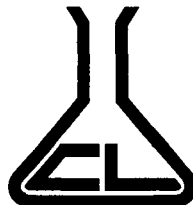
4-16-91

W-WT-2

PH = 6.7

Temp = 56°F

12423 N.E. WHITAKER WAY, PORTLAND, OR 97230  
(503) 254-1794 • FAX (503) 254-1452

**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

## CHAIN OF CUSTODY

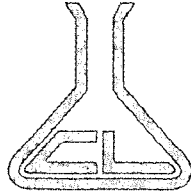
[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

## COFFEY LABORATORIES, INC.



### CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

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**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



April 4, 1991  
Log # A910328-AJ  
PO # John

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

Samples Collected: 3/28/91, 1330 hrs  
Samples Received: 3/28/91

Sample ID: #1 W-W-T-3  
          #2 W-W-T-4

PARAMETER	METHOD	DETECTION LIMITS	SAMPLE #1 RESULTS	SAMPLE #2 RESULTS
Oil & Grease	EPA 413.2	0.4	0.4	0.5
Total Phenols	EPA 420.1	0.05	0.20	0.22

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

RJC/mlh

Sincerely,

Renee Chauvin,  
Technical Director

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

APR 8 1991

KOPPERS INDS., INC.  
PORTLAND, OR

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002301

3-28-91

w-w-T-3

Ph 6-3

---

water Temp.

53

3-28-91

W-W-T-4

Ph 6.4

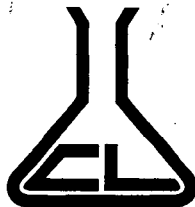
---

water Temp.

52



(503) 254-1794 • FAX (503) 254-1452



(503) 276-0385

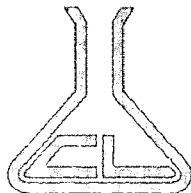
## CHAIN OF CUSTODY

[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

# COFFEY LABORATORIES, INC.



## CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

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**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

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**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC

ADDRESS 7549 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY N W PLANT

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-100077-9  
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 3 1 91 4 1  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	2904		GPD					N	2	EST
	PERMIT REQUIREMENT		NA								
TEMP	SAMPLE MEASUREMENT				50 XXXX	50.5	51	0	0	2	GRAB
	PERMIT REQUIREMENT						110	F			
PH	SAMPLE MEASUREMENT				6.1	6.2	6.3		0	2	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.5	1.7	2.9	MG	0	2	GRAB
	PERMIT REQUIREMENT					10	15	L			
PHENOLS	SAMPLE MEASUREMENT				0.08	0.08	0.08	MG	0	2	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503

286-3681

91

4

15

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

(FOLD HERE THIRD)

STAPLE HERE

STAMP  
LACB

COMMENTS  
DATE  
BY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

RECEIVED

DATE

TIME

BY

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

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FAX

EMAIL

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REMARKS

DATE

TIME

BY

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

3-8-91

W-W-T-1

Ph 6.1

---

water

Temp. 51°F

3-8-91

w-w-T-2

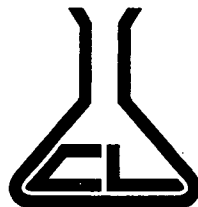
Ph 6.3

---

water

Temp. 50°F

## CHAIN OF CUSTODY



(503) 276-0385

PROJECT #:	PROJECT NAME:	P.O. #:	PAGE ____ of ____ PAGES PLEASE PRINT OR TYPE	FOR LABORATORY USE ONLY		
COMPANY NAME: Koppers IND. REPORT ATTENTION: John OxFord				JOB #: A910308-BC2		
SAMPLES COLLECTED BY: Geo. Hoffman				CUSTABBR: Koppers		
FIELD IDENTIFICATION:	LAB	COLLECTION		MEDIA	ANALYSIS REQUESTED	ANALYSIS REMARKS
ONE LINE PER SAMPLE CONTAINER	LOC ID	DATE	TIME			
W-W-T-1		3-8-91	3:20PM	water	oil + Grease	
W-W-T-1		" "	" "		Phenols	
W-W-T-2		" "	" "		oil + Grease	
W-W-T-2		" "	" "		Phenols	
RELINQUISHED BY: _____		DATE/TIME _____		RECEIVED BY: _____ DATE/TIME _____		LAB USE: _____
RELINQUISHED BY: George Hoffman		DATE/TIME 3-8-91		RECEIVED BY LAB: Njanjauwaji		DATE/TIME 3/8/91 1645
SAMPLE REMARKS: _____		LEVEL 1 2 3 4		EXPRESS UPS MAIL CXX GREY TAXI LAB		

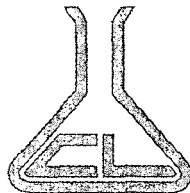
WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

Koppers002310

## COFFEY LABORATORIES, INC.



### CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

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# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OR 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

March 15, 1991  
Log #A910308-BC2  
PO: Verbal John

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

Samples Collected: 03/08/91, 1520 hrs.  
Samples Received: 03/08/91

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-1 RESULTS	W-W-T-2 RESULTS
Oil & Grease	EPA 413.2	0.5	2.9	0.5
Total Phenols	EPA 420.1	0.05	0.08	0.08

Results expressed as mg/L unless otherwise noted.

Sincerely,

Victor A. Perry,  
Quality Assurance

Sincerely,

Renee Chauvin,  
Technical Director

RJC/lws

This report is for the sole and exclusive use of the client. Samples are retained  
a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

MAR 21 1991

KOPPERS INDS., INC.  
PORTLAND, OR

Koppers002312

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Boyle Industrial Inc.  
 ADDRESS 2540 N W St. Helens Rd.  
Portland OR 97216

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

(2-16) 02-108077-9  
 PERMIT NUMBER

(17-19)  
 DISCHARGE NUMBER

Form Approved  
 OMB No. 2040-0004  
 Expires 3-31-88

FACILITY N W Plant  
 LOCATION Multnomah County

MONITORING PERIOD  
 FROM YEAR 91 MO 3 DAY 1 TO YEAR 91 MO 4 DAY 1  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

3077-5  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow.	SAMPLE MEASUREMENT	2904							12	3/31	Est.
	PERMIT REQUIREMENT		N/A	GPD							
Temp.	SAMPLE MEASUREMENT				50	50.5	51	0	0	2/31	GRRB
	PERMIT REQUIREMENT						110	F			
Ph.	SAMPLE MEASUREMENT				6.1	6.2	6.3		0	2/31	GRRB
	PERMIT REQUIREMENT				6.0		9.0	SK			
oil & Grease.	SAMPLE MEASUREMENT				0.5	1.7	2.9	mg/l	0	2/31	GRRB
	PERMIT REQUIREMENT					10	15	1/2			
Phenols.	SAMPLE MEASUREMENT				0.08	0.08	0.08	mg/l	0	2/31	GRRB
	PERMIT REQUIREMENT					0.5	0.7	ppm.			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
JOHN A DEXFORD  
PLANT MANAGER  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 503 286-3681  
 DATE 91 7 15  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WW1

WW2

flow.

45000

$45000 = 90000 \div 3$   
290.4

temp

51

50  $101 \div 2 = 50.5$

Ph.

6.1

6.3  $12.4 \div 2 = 6.2$

oil + Hum.

2.9

0.5  $3.4 \div 2 = 1.7$

Phenols.

0.08

0.08  $0.16 \div 2 = 0.08$

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES INC

ADDRESS 7540 NW ST HELENS RD  
PORTLAND OR 97210

FACILITY NW PLANT

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-100077-9

PERMIT NUMBER

DISCHARGE NUMBER

3077-J

47430

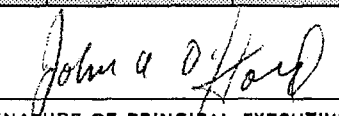
Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD

FROM YEAR 91 MO 2 DAY 1 TO YEAR 91 MO 3 DAY 1  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	6429							N/A	4/28	EST
	PERMIT REQUIREMENT		N/A	GPD							
TEMP	SAMPLE MEASUREMENT				52	53.5	54	°	0	4/28	GRAB
	PERMIT REQUIREMENT						110	F			
PH	SAMPLE MEASUREMENT				6.2	6.4	6.8		0	4/28	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				ND	0.825	1.7	MG/L	0	4/28	GRAB
	PERMIT REQUIREMENT					10	15				
PHENOLS	SAMPLE MEASUREMENT				0.11	0.1575	0.19	MG/L	0	4/28	GRAB
	PERMIT REQUIREMENT					0.5	0.7	(PPM)			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  JOHN A OXFORD PLANT MANAGER  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			503	286-3681	91	3	14
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week. "1/30" for one day per month. "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample. "24HC" for 24-hour composite. "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

### LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

---

---

---

PLACE  
STAMP  
HERE

---

---

---

---

(FOLD HERE THIRD)

STAPLE HERE

WW1      WW2      WW3      WW4

flow.

45,000

45,000

45,000

45,000

$$180,000 \div 28 = 6429$$

Temp

54

52

54

54

$$214 \div 4 = 53.5$$

ph.

6.8

6.2

6.4

6.2

$$25.6 \div 4 = 6.4$$

silt + gross

N/A

0.6

1.0

1.7

$$3.3 \div 4 = 0.825$$

Phos.

0.11

0.14

0.19

0.13

$$0.63 \div 4 = 0.1575$$



# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OR 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

February 20, 1991  
Log #A910205-BE2  
PO: Verbal John

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Road  
Portland, OR 97210-3663

Samples Collected: 02/05/91, 1510 hrs.  
Samples Received: 02/05/91

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-1 RESULTS	W-W-T-2 RESULTS	UNITS
Oil & Grease	EPA 413.2	0.5	ND	0.6	mg/L
Total Phenols	SM 420.1	0.05	0.19	0.13	mg/L

ND means none detected at or above the detection limit listed.


SM means Standard Methods for the Examination of Water and Wastewater, 1985, 16th Edition.

Sincerely,

Victor A. Perry,  
Quality Assurance

RJC/lws

Sincerely,

  
Renee Chauvin,  
Technical Director

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

FEB 22 1991

KOPPERS INDS. INC.  
PORTLAND, OR

Koppers002318

*Floride* T1 T2  
0.19 0.13

*Shore* New 0.5 0.6

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ARIZONA - CALIFORNIA - NEVADA - OREGON - WASHINGTON  
FASTEST LTL SERVICE



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(415) 826-8200

SAN FRANCISCO



DELIVERY BY NOON



2-5-91  
w-w-T-1  
Ph 6.4

---

water  
Temp. 54°F

2-5-91  
W-W-T-2

Ph 6.2

---

water  
Temp. 52°F

12423 N.E. WHITAKER WAY  
PORTLAND, OREGON 97230

**(503) 254-1794**  
**FAX (503) 254-1452**

PROJECT #:		PROJECT NAME:		PAGE _____ OF _____ PAGE(S) PLEASE PRINT OR TYPE		FOR LABORATORY USE ONLY	
COMPANY NAME: <u>Koppers IND.</u> REPORT ATTENTION: <u>John Oxford</u>						JOB#: <u>AP10205-BE Z</u> CUSTABBR: <u>Koppers</u>	
SAMPLES COLLECTED BY: <u>Geo. Hoffman</u>							
FIELD IDENTIFICATION:		LAB LOC ID		COLLECTION DATE TIME MEDIA		ANALYSES REQUESTED	
ONE LINE PER SAMPLE CONTAINER							
W-W-T-1				2/5/91 3:10 PM		oil & Grease	
W-W-T-1				2/5/91 "		Phenols	
W-W-T-2				2/5/91 "		oil & Grease	
W-W-T-2				2/5/91 "		Phenols	
RELINQUISHED BY: _____				DATE/TIME _____		RELINQUISHED BY: _____	
RELINQUISHED BY: <u>George Hoffman</u>				DATE/TIME <u>2-5-91</u>		LAB USE: _____	
RECEIVED BY LAB: <u>Mary A. Fisher</u>				DATE/TIME <u>2/5/91 1645</u>			
SAMPLE REMARKS:						EXPRESS UPS MAIL CXX GREY TAXI LAB	

**WHITE COPY - COFFEY LABORATORIES**

**PINK COPY - CLIENT'S COPY**

SHADED AREA FOR LABORATORY USE ONLY  
CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY

Koppers002322

**COFFEY LABORATORIES, INC.**

12423 N.E. WHITAKER WAY

PORTLAND, OR 97230

PHONE: (503) 254-1794

FAX: (503) 254-1452

**CHAIN OF CUSTODY INFORMATION / INSTRUCTION SHEET**

**PROJECT NUMBER** -- Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** -- Your company's project name. This data is provided at the company's discretion.

**COMPANY NAME** -- Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** -- Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** -- The person who took the sample signs this box and gives his/her title.

**FIELD ID** -- A short description of the sample point (For example; "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** -- The date on which the sample(s) was/were collected.

**COLLECTION TIME** -- The time at which the sample(s) was/were collected.

**MEDIA** -- This is a description of the sample matrix.

**ANALYSIS REQUESTED** -- Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** -- Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** -- Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** -- The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** -- The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** -- Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** -- How the samples are being shipped to the laboratory, e.g., "UPS".



# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OR 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

March 1, 1991  
Log # A910222-AO2  
PO # Verbal John

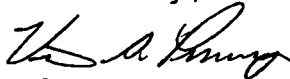
Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

Sample Collected: 2/22/91, 1430 hrs  
Sample Received: 2/22/91  
Sample ID: #1 W-W-T-3  
          #2 W-W-T-4

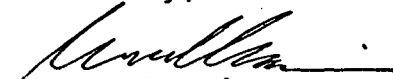
PARAMETER	METHOD	DETECTION LIMIT	SAMPLE #1 RESULTS	SAMPLE #2 RESULTS
Oil & Grease	EPA 413.2	0.5	1.0	1.7
Total Phenols	EPA 420.1	0.05	0.11	0.14

Results expressed as mg/L unless otherwise noted.

Sincerely,

  
Victor A. Perry,  
Quality Assurance

Sincerely,

  
Renee Chauvin,  
Technical Director

RJC/mlh

This report is for the sole and exclusive use of the client. Samples are retained  
a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

MAR 7 1991

KOPPERS INDS., INC.  
PORTLAND, OR

Koppers002324

2-22-91

W-W-T-3

PH 6.8

---

water Temp.

54°F

2-22-91

w-w-T-4

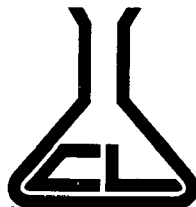
Ph 6.2

---

water Temp.

54° F

12423 N.E. WHITAKER WAY, PORTLAND, OR 97230  
(503) 254-1794 • FAX (503) 254-1452



287 S.E. FIRST, PENDLETON, OR 97801  
(503) 276-0385

## CHAIN OF CUSTODY

[illegible]

WHITE COPY - COFFEY LABORATORIES

PINK COPY - CLIENTS COPY

SHADED AREA FOR LABORATORY USE ONLY

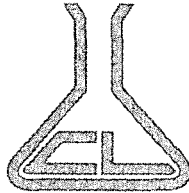
**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

(7/90)

Koppers002327



## COFFEY LABORATORIES, INC.



### CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

**PROJECT NUMBER** — Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** — Your company's project name. This data is provided at the companies discretion.

**COMPANY NAME** — Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** — Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** — The person who took the sample signs this box and gives his/her title.

**FIELD ID** — A short description of the sample point (For example: "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** — The date on which the sample(s) was/were collected.

**COLLECTION TIME** — The time at which the sample(s) was/were collected.

**MEDIA** — This is a description of the sample matrix.

**ANALYSIS REQUESTED** — Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** — Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** — Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** — The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** — The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** — Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

M-100077-9

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR MO DAY

91 3 1

TO

YEAR MO DAY

91 3 1

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

3077-8

47430

NOTE: Read instructions before completing this form.

Form Approved

OMB No. 2040-0004

Expires 3-31-88

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
flow	SAMPLE MEASUREMENT	6429											
	PERMIT REQUIREMENT		N/A	GPD									
Temp	SAMPLE MEASUREMENT				52	53.5	54	°F	0	4/28	G-RAB		
	PERMIT REQUIREMENT						110						
Ph.	SAMPLE MEASUREMENT				6.2	6.4	6.8		0	4/28	G-RAB		
	PERMIT REQUIREMENT				6.0		9.0	su					
sic & green	SAMPLE MEASUREMENT				ND	0.825	1.7	mg/l	0	4/28	G-RAB		
	PERMIT REQUIREMENT					1.0	1.5						
Phenols	SAMPLE MEASUREMENT				0.11	0.1575	0.19	mg/l	0	4/28	G-RAB		
	PERMIT REQUIREMENT					0.5	0.7	(ppm)					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries Inc.

ADDRESS 7540 NW ST HELENS RD

PORTLAND OR 97210

FACILITY NW PLANT

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 3-31-88

MONITORING PERIOD

FROM

YEAR MO DAY  
91 1 1  
(20-21) (22-23) (24-25)

TO

YEAR MO DAY  
91 2 1  
(26-27) (28-29) (30-31)

3077-J  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NO FLOW						
PH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NO FLOW						
OIL & GREASE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NO FLOW						
PHENOLS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NO FLOW						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD  
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503  
AREA CODE

286-368  
NUMBER

91  
YEAR

2  
MO

14  
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week. "1/30" for one day per month. "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample. "24HC" for 24-hour composite. "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN; REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

FOLD HERE THIRD

STAPLE HERE

PLACE  
STAMP  
HERE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Ind. Inc.  
 ADDRESS 7540 NW St. Helens Rd.  
Portland, OR 97210

FACILITY NW Plant  
 LOCATION Multnomah Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

(2-16) 101003 PERMIT NUMBER  
 (17-19) 001 DISCHARGE NUMBER  
3077-J


Form Approved.  
 OMB No. 2040-0004  
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	12	01		96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

47430

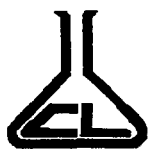
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	44,516		GPD					N/A	18/31	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				45	48	50	FO	0	18/31	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
pH	SAMPLE MEASUREMENT				6.9	7.0	7.1	SU	0	18/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	4.0	7.0	MG/L	0	18/31	GRAB
	PERMIT REQUIREMENT				0	10	15				
PHENOLS	SAMPLE MEASUREMENT				N.D.	.06	.13	Mg/L	0	18/31	GRAB
	PERMIT REQUIREMENT				0	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 <b>A.S. KAMERER, PLT. MGR.</b> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
R.D. COLLINS, VP			503	286-3681	97	01	02
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FOURTH QUARTER PAH RESULTS ARE ATTACHED



## Analytical Data

Koppers Industry

Job Number: 961203V

Page Number: 3 of 4

Lab Sample ID: 961203V-1

Field ID: Wastewater Tanks 1,3 & 5

Date/Time: 12/03/96 0800

Matrix: Waste Water

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 12/23/96

Analyst: VB

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	10.	ND	ND
Acenaphthylene	10.	ND	ND
Anthracene	1.	ND	ND
Benzo(a)anthracene	0.1	ND	4.0
Benzo(a)pyrene	0.4	ND	11.
Benzo(b)fluoranthene	0.1	ND	19.
Benzo(g,h,i)perylene	0.4	ND	6.4
Benzo(k)fluoranthene	0.1	ND	15.
Chrysene	1.	ND	7.
Dibenzo(a,h)anthracene	0.4	ND	1.7
Fluoranthene	1.	ND	15.
Fluorene	5.	ND	ND
Indeno(1,2,3-cd)pyrene	0.5	ND	7.3
Naphthalene	5.	ND	ND
Phenanthrene	1.	ND	ND
Pyrene	1.	ND	15.

Results expressed as mg/l unless otherwise noted.

ND means none detected at or above the detection limit listed.

10.4

# RECEIVED

JAN - 2 1997

KOPPERS INDS., INC.  
PORTLAND, OR

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002333

**IMPORTANT MESSAGE**

FOR Amos ✓  
DATE 12/18/96 TIME \_\_\_\_\_ A.M.  
P.M.  
M Elliot Teas  
OF DEQ Monthly  
PHONE 229-5292  
AREA CODE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXTENSION \_\_\_\_\_  
☐ FAX  
☐ MOBILE  
AREA CODE \_\_\_\_\_ NUMBER \_\_\_\_\_ TIME TO CALL \_\_\_\_\_

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CAME TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	SPECIAL ATTENTION	<input type="checkbox"/>

MESSAGE He says there's an  
exercise in the phenols +  
wondering why called 12/23/96-LVMA  
WAS AN ANOMALY, called Coffey - NO  
reason for it.

SIGNED L **FORM 3002P**  
LITHO IN U.S.A.

12/3/96

WWTKS 1,35

48°F

7.1 Ph

WWTKS 2,4,6

7.0 Ph

49°F



# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kammerer  
 Company: Koppers Ind. Inc.  
 Name: Koppers Ind. Inc.  
 Mailing Address: 7540 NW ST Helens Rd  
Portland OR 97210  
 Phone: (503) 2863681 FAX: (503) 2852831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_  
 Sample Turnaround  
☐ Standard  
☒ Priority (Additional Fee)  
☐ Rush (Additional Fee)  
☐ Emergency (Additional Fee)  
 Reporting Request  
☐ State Compliance Format  
☐ FAX Results - Preliminary  
☐ FAX Results-Final  
☐ Verbals Results  
☐ Extra Report Copy  
 (Fees Associated)  
 Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
 Job Number: 761203V  
 Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WW TKS 1,3,5				12/3/96 8:00		Oil / Grease	
WW TKS 1,3,5				12/3/96 8:00		Phenols	
WW TKS 2,4,6				12/3/96 8:00		Oil / Grease	
WW TKS 2,4,6				12/3/96 8:00		Phenols	
Sampled By: <u>T.J. Turner</u>				AUTHORIZED CUSTOMER SIGNATURE			
				DATE:			

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	12/3/96	8:45	<u>[Signature]</u>	12/3/96	8:45
	<u>[Signature]</u>	12/3/96	11:00			
				LAB <u>Mark W. Teed</u>	12/3/96	1225

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002336

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST</b> <b>STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.).
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container..
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER</b> <b>SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1½% per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kamerer  
 Company: Koppers Ind Inc.  
 Name: 7540 NW St Helens Rd.  
 Mailing Address: Portland OR 97210  
 Phone: 503 286 7281 FAX: 503 286 2831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_  
☒ **Sample Turnaround**  
☐ Standard ☐ Reporting Request  
☐ Priority (Additional Fee) ☐ State Compliance Format  
☐ Rush (Additional Fee) ☐ FAX Results - Preliminary  
☐ Emergency (Additional Fee) ☐ FAX Results-Final  
☐ Verbal Results  
☐ Extra Report Copy  
 (Fees Associated)  
 Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
 Job Number: 761203V  
 Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WW TKS 1,3,5				12/3/96		P.A.H.	
Sampled By: <u>TJ Turner</u>				AUTHORIZED CUSTOMER SIGNATURE			DATE:

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	12/3/96	8:45	<u>[Signature]</u>	12/3/96	8:45
	<u>[Signature]</u>	12/3/96	11:45			
				LAB <u>Mark W. Zapp</u>	12/13/96	12:25

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002338

**COFFEY LABORATORIES, INC.**  
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<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

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**EXPERT TESTIMONY AND COURT APPEARANCES**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: December 27, 1996  
Job Number: 961203V  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 12/03/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961203V-1	Wastewater Tanks 1,3 & 5	Waste Water	12/03/96	0800
961203V-2	Wastewater Tanks 2,4 & 6	Waste Water	12/03/96	0800

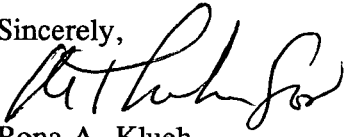
The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

  
Rona A. Klueh  
Technical Director

**RECEIVED**

JAN - 2 1997

KOPPERS INDS., INC.  
PORTLAND, OR

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002340



## Analytical Data

Koppers Industry

Job Number: 961203V

Page Number: 3 of 4

Lab Sample ID: 961203V-1

Field ID: Wastewater Tanks 1,3 & 5

Date/Time: 12/03/96 0800

Matrix: Waste Water

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 12/23/96

Analyst: VB

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	10.	ND	ND
Acenaphthylene	10.	ND	ND
Anthracene	1.	ND	ND
Benzo(a)anthracene	0.1	ND	4.0
Benzo(a)pyrene	0.4	ND	11.
Benzo(b)fluoranthene	0.1	ND	19.
Benzo(g,h,i)perylene	0.4	ND	6.4
Benzo(k)fluoranthene	0.1	ND	15.
Chrysene	1.	ND	7.
Dibenzo(a,h)anthracene	0.4	ND	1.7
Fluoranthene	1.	ND	15.
Fluorene	5.	ND	ND
Indeno(1,2,3-cd)pyrene	0.5	ND	7.3
Naphthalene	5.	ND	ND
Phenanthrene	1.	ND	ND
Pyrene	1.	ND	15.

984

Results expressed as mg/l unless otherwise noted.

ND means none detected at or above the detection limit listed.

# RECEIVED

JAN - 2 1997

KOPPERS INDS., INC.  
PORTLAND, OR

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002341



## Analytical Data

Koppers Industry

Job Number: 961203V

Page Number: 2 of 4

Lab Sample ID: 961203V-1

Field ID: Wastewater Tanks 1,3 & 5

Date/Time: 12/03/96 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/04/96	MJP
Total Phenols	EPA 420.1	0.05	0.08	mg/L	12/04/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

JAN - 2 1997

**KOPPERS INDUS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002342



### Analytical Data

Koppers Industry

Job Number: 961203V

Page Number: 4 of 4

Lab Sample ID: 961203V-2

Field ID: Wastewater Tanks 2,4 & 6

Date/Time: 12/03/96 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/04/96	MJP
Total Phenols	EPA 420.1	0.05	ND	mg/L	12/04/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

JAN 2 1997

KOPPERS INDUS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002343



INTEROFFICE MEMO

To: Amos Kamerer

From: T.J. Turner

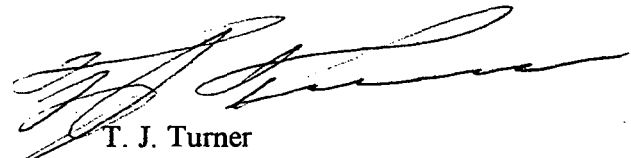
Location: Portland, Or.

Location: Portland, Or.

Subject: Tank Farm

Date: Dec. 4, 1996  
2:00 pm

Due to lower tank farm flooding, we are pumping directly to the river and outfall. We have fully inspected the lower tank farm and related areas for possible contamination and tank displacement. William Henle has been monitoring the situation. We will continue pumping till we are out of danger.



T. J. Turner  
General Foreman

12/11/96

WWTKS 24.6

49 °F

7.0 PH

WWTKS 18.5

50 °F

7.0 PH

---

**Environmental • Petroleum • OR Certified Water Testing**

**Portland Office**

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831


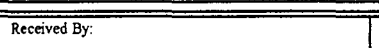
Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

<u>Testing Priority</u>	<u>Notification Method(s)</u>
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

[illegible]

Relinquished By: 	Date/Time 12/11 1350	Received By:	Date/Time	FOR LABORATORY USE ONLY		Method of payment	
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 12/11 1350	Inspection Sample Number: _____	PO # _____		
				Laboratory Project Number: _____	<input type="checkbox"/> Credit		
					<input type="checkbox"/> Cash/Check # _____		
				Due Date: _____	Amount Paid: \$ _____		
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special			

Koppers002346



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/11/96

PO#:

PROJECT NAME:

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
961410-001-01	WW 1,3,5	12/11/96	1330	Wastewater Grab
961410-001-02	WW 1,3,5	12/11/96	1330	Wastewater Grab
961410-002-01	WW 2,4,6	12/11/96	1330	Wastewater Grab
961410-002-02	WW 2,4,6	12/11/96	1330	Wastewater Grab

REPORT DATE: 12/12/96

REPORT NUMBER: 961410

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WW 1,3,5						
961410-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	5	PPM	2	Laura H.
961410-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.08	PPM	0.05	Dick R.
WW 2,4,6						
961410-002-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	6	PPM	2	Laura H.
961410-002-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.08	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

12/23/96  
WW 1, 2, 3

45°F

6.9 Ph

WW 2, 4, 6

47°F

7.0 Ph

---

**Environmental • Petroleum • OR Certified Water Testing**

**Portland Office**

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Company Name: Koppers Ind Inc  
Attention: Amos Kamenar  
Address: 7540 NW 5th Helens Rd  
Portland Ore  
Phone: (503) 2863681  
FAX: (503) 2852831  
Sampler: TTurner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_



Testing Priority      Notification Method(s)

☐ Normal      ☐ Telephone

☒ Rush      ☐ FAX

Due Date \_\_\_\_\_      ☐ Mail

[illegible]

Relinquished By: 	Date/Time: 12/23/95	Received By:	Date/Time:	<u>FOR LABORATORY USE ONLY</u>		<u>Method of payment</u>
				Inspection Sample Number: _____	PO # _____	<input type="checkbox"/> Credit
Relinquished By:	Date/Time:	Received By:  Columbia Inspection, Inc.	Date/Time: 12/23/95	Laboratory Project Number: _____	<input type="checkbox"/> Cash/Check # _____	
			1405	Due Date: _____	Amount Paid: \$ _____	
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special _____		

Koppers002349



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/23/96

PO#:

PROJECT NAME

OF SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
961464-001-01	WW 1.3.5	12/23/96	1300	Wastewater Grab
961464-001-02	WW 1.3.5	12/23/96	1300	Wastewater Grab
961464-002-01	WW 2.4.6	12/23/96	1300	Wastewater Grab
961464-002-02	WW 2.4.6	12/23/96	1300	Wastewater Grab

REPORT DATE: 12/24/96

REPORT NUMBER: 961464

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WW 1.3.5						
961464-001-01	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.13	PPM	0.05	Dick R.
961464-001-02	O&G TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	7	PPM	2	Laura H.
WW 2.4.6						
961464-002-01	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	PPM	0.05	Dick R.
961464-002-02	O&G TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	6	PPM	2	Laura H.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002350

December 23, 1996

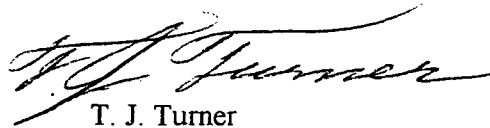
Amos S. Kamerer, Plant Manager  
Koppers Industries, Inc.  
7540 NW St. Helens Rd.  
Portland, Or. 97210

Dear Sir:

On December 23 1996 I did a full walk through inspection of plant operations. Due to record rainfall the past week I found the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we will sustain further damage than we have already to pumps and other equipment. Due to this situation, I started pumping the overflow of rainwater directly to the plant outfall. We will continue this until we are out of danger. At this time, we also sampled waster water tanks 1, 3 and 5 also tanks 2, 4 and 6 and requested rush analysis.

Sincerely,



T. J. Turner  
General Foreman



# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

[illegible]

INTEROFFICE MEMO

To: Amos Kamerer

From: T.J. Turner

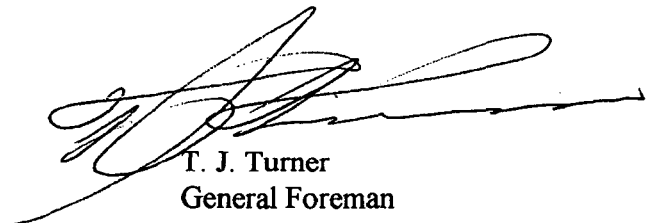
Location: Portland, Or.

Location: Portland, Or.

Subject: Tank Farm

Date: Dec. 29, 1996  
2:00 pm

Due to lower tank farm flooding, we are pumping directly to the river, via the borrowed fire hose and through our normal outfall. We have fully inspected the lower tank farm and related areas for possible product contamination and tank displacement, nothing was found. William Henle, Hazard Material Coordinator, Portland Fire Bureau, has been monitoring the situation. We will continue pumping till we are out of danger.



T. J. Turner  
General Foreman

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES, INC.  
ADDRESS 7540 NW ST. HELENS RD.  
PORTLAND, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

FACILITY NW PLANT  
LOCATION MULTNOMAH CO.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	11	01		96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	51,333		GPD					N/A	22/30	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				50	52	53	°F	0	22/30	GRAB
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT				7.1	7.2	7.2	SU	0	22/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	2.0	4.0	mg/L	0	22/30	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				.17	.52	.86	mg/L	0	22/30	GRAB
	PERMIT REQUIREMENT				0	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. COLLINS, VP

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Amos S. Kamerer, Plt. Mgr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286 3681

AREA CODE

NUMBER

DATE

96 12 03

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CINC. end brown

\*  $1,320,000 \div 30,000/\text{day} = 16$

[illegible]

INTEROFFICE MEMO

To: Amos Kameron

From: T.J. Turner

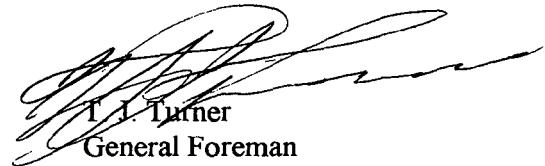
Location: Portland, OR

Location: Portland, Or

Subject: Tank Farm

Date: Nov. 19, 1996  
6:00am

Due to lower tank farm flooding, we are pumping directly to the river and outfall. We have fully inspected the lower tank farm and related areas for possible contamination and tank displacement. We have contacted the fire department, Mr. Pat Davies and Lt. Bill Morse for assistance. William Henle has been coordinating help and monitoring the situation. We will continue pumping till we are out of danger.



T. J. Turner  
General Foreman

*John Holtrap, City Ptd., Environmental services, also stopped by and is  
aware of our pumping direct.*

11/18/96  
7.1

50°F

TK 2,46

PORTLAND BRANCH  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

COFFEY LABORATORIES, INC.  
CHAIN OF CUSTODY AGREEMENT

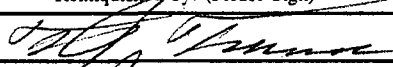


PENDLETON BRANCH  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kammerer  
Company Name: Koppers Ind Inc.  
Address: 7540 NW 5th Helens Rd  
Portland Ore.  
Phone: (503) 2863681 FAX: (503) 2852831  
Report Instructions:

Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: \_\_\_\_\_  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
STM W. TKS 2,4,6			11/18/96 8:00 AM		Phenols	
STM W. TKS 2,4,6			11/18/96 8:00 AM		Oil/Grease	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
T J Turner		11/18/96	8:30			
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						
		11/18/96	13:00	LAB 	11-18-96	1300

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002358

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.





Report Date: November 21, 1996  
Job Number: 961118AC  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 11/18/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961118AC-1	STM W TKS 2,4,6	Storm Water	11/18/96	0800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RECEIVED

NOV 25 1996

KOPPER IND. INC.  
PORTLAND OR

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002360



### Analytical Data

Koppers Industry

Job Number: 961118AC

Page Number: 2 of 2

Lab Sample ID: 961118AC-1

Field ID: STM W TKS 2,4,6

Date/Time: 11/18/96 0800

Matrix: Storm Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units
Oil & Grease	EPA 413.1	3.	4.	mg/L
Total Phenols	EPA 420.1	0.05	0.17	mg/L

**RECEIVED**

**NOV 25 1996**

**KOPPERS INDS. INC.  
PORTLAND OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002361

7.2 PH

10/31

53°

SWT

1,3,5

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kameron  
 Company: Koppers  
 Name:  
 Mailing Address: 7540 NW St. Helens Rd.  
Portland, OR 97210  
 Phone: ( ) 286-3861 FAX: ( ) 285-2831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_

<b>Sample Turnaround</b>	<b>Reporting Request</b>
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input checked="" type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbals Results
	<input type="checkbox"/> Extra Report Copy (Fees Associated)

Initials: \_\_\_\_\_

**FOR LABORATORY USE ONLY** Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: 261031 AC

Custabbr: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cash / Check / CC: \$ \_\_\_\_\_ #:

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WWT 1, 3, 5		1c		10/31 12:45		OIL & Grease	
		1f					
WWT 1, 3, 5						PHENOLS	
WWT 1, 3, 5						OIL & GREASE	
WWT 1, 3, 5						PHENOLS	

Sampled By: \_\_\_\_\_ AUTHORIZED CUSTOMER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	10/31	12:45			
	<u>[Signature]</u>	10/31	12:35			
				LAB <u>Mark W. Leed</u>	10-31-96	1340

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002363

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. Please Do Not Write in These Areas.</b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST -</b>	
<b>STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1 1/2 % per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: November 7, 1996  
Job Number: 961031AC  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/31/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961031AC-1	WWT 1,3,5	Waste Water	10/31/96	1245

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc1

**RECEIVED**

NOV 13 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002365



## Analytical Data

Koppers Industry

Job Number: 961031AC

Page Number: 2 of 2

Lab Sample ID: 961031AC-1  
Field ID: WWT 1,3,5  
Date/Time: 10/31/96 1245  
Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	11/01/96	MJP
Total Phenols	EPA 420.1	0.05	0.86	mg/L	11/05/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

NOV 13 1996

KOPPERS IND., INC.  
PORTLAND, OR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME

KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST. HELENS RD.

PORTLAND, OR 97210

FACILITY NW PLANT

LOCATION MULTNOMAH CO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	10	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	23,548		GPD					NA	14/31	Est.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				54	57	60		0	14/31	GRAB
	PERMIT REQUIREMENT							OF			
pH	SAMPLE MEASUREMENT				6.5	7.0	7.4		0	14/31	GRAB
	PERMIT REQUIREMENT							SU			
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	1.0	3.0	mg/L	0	14/31	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				.05	.05	.06	mg/L	0	14/31	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. COLLINS, VP

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Amos S. Kamerer, Plt. Mgr.  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681

AREA  
CODE

NUMBER

DATE

96 11 04

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

MONTH <u>Oct.</u> YEAR <u>1996</u>																			
FLOW												DAYS OF Pumping		#DAYS IN		TOTAL		G.P.D.	
GLS. PER TANK												80,000/day		M O N T H		DISCHARGE			
WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL													
45,000	45,000	45,000	45,000	20,000	20,000	OF TANK													
# OF PUMPINGS	1	11	1	11	1	11	9	5											
GALS. PUMPED	45,000	90,000	45,000	90,000	20,000	40,000	330,000	400,000	31	14	730,000	23,548							
SAMPLE CONCENTRATION LEVELS																			
TEMPERATURES	56	60	54																
PH	7.4	6.5	7.1																
OIL & GREASES	ND	3.0	ND																
PHENOLS	.05	.05	.06																
QUARTERLY PAH TESTING																			
DATE SAMPLE TAKEN <u>NOT</u> RESULTS																			
(MUST BE LESS THAN 1000)																			

October 18, 1996

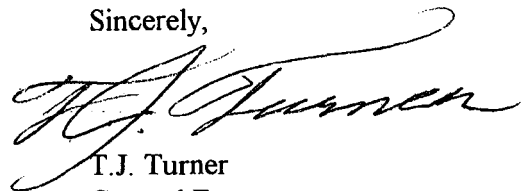
Amos S. Kamerer  
Koppers Industries, Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97210

Dear Sir:

On this date I have done a full walk through inspection of plant operations and I find the lower tank farm flooding, all wastewater tanks overflowing, and rain still falling.

If this situation continues, we will sustain further damage than we already have to the pumps, motors and other equipment. Due to this situation, I started pumping the overflow of rainwater directly to the plant outfall. We will continue this until we are out of danger.

Sincerely,

A handwritten signature in dark ink, appearing to read 'T.J. Turner', with a stylized flourish at the end.

T.J. Turner  
General Foreman



Report Date: October 21, 1996  
Job Number: 961011D  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/11/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961011D-1	WW, 2, 4, 6	Waste Water	10/11/96	0900

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

**OCT 24 1996**

**KOPPERSINDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002370



## Analytical Data

Koppers Industry

Job Number: 961011D

Page Number: 2 of 2

Lab Sample ID: 961011D-1

Field ID: WW, 2, 4, 6

Date/Time: 10/11/96 0900

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/11/96	MJP
Total Phenols	EPA 420.1	0.05	0.05	mg/L	10/11/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

**OCT 24 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002371

5 Form Water

TKS 2,4,5

10/11/96

56° F

7.4 pH

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kameron  
 Company: Koppers Ind Inc  
 Name: Koppers Ind Inc  
 Mailing Address: 7540 NW 5th Helens Rd  
Portland, OR 97210  
 Phone: 503-286-3681 FAX: 503-285-2831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_  
 Sample Turnaround  
☐ Standard  
☒ Priority (Additional Fee)  
☒ Rush (Additional Fee)  
☐ Emergency (Additional Fee)  
 Reporting Request  
☐ State Compliance Format  
☐ FAX Results - Preliminary  
☐ FAX Results-Final  
☐ Verbal Results  
☐ Extra Report Copy (Fees Associated)  
 Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 1  
 Job Number: 9610 11-D-1  
 Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Cash / Check / CC:\$ \_\_\_\_\_ #: \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/Profile
NW 2, 4, 6				10/11/96 9:00 AM		oil Grease NT 3p'	
NW 2, 4, 6				10/11/96 9:00 AM		Phenols 0.05	
Sampled By: <u>T.J. Turner</u>				AUTHORIZED CUSTOMER SIGNATURE			DATE:

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>T.J. Turner</u>	10/11/96	9:15 AM	<u>David Harwood</u>	10-11-96	9 AM
	<u>Mac Harwood</u>	10-11-96	9:40 AM			
				LAB <u>Kam G. Kim</u>	10-11-96	0940

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002373

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST</b> <b>STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.).
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER</b> <b>SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1½% per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: October 18, 1996  
Job Number: 961014AQ  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: Stormwater

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/14/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961014AQ-1	STRMW TKS 1,3,5	Storm Water	10/14/96	1100

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

**RECEIVED**

**OCT 24 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002375





### Analytical Data

Koppers Industry

Job Number: 961014AQ

Page Number: 2 of 2

Lab Sample ID: 961014AQ-1

Field ID: STRMW TKS 1,3,5

Date/Time: 10/14/96 1100

Matrix: Storm Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units
Oil & Grease	EPA 413.1	3.	ND	mg/L
Total Phenols	EPA 420.1	0.05	ND	mg/L

ND means none detected at or above the detection limit listed.

**RECEIVED**

**OCT 24 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002376

10/14/96  
STM Water Tks

1, 3, 5

ph 6.5

Temp 60°F

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

(503) 276-0385

Report  
Attention: Amos Kammerer  
Company: Koppers Ind Inc.  
Name: Koppers Ind Inc.  
Address: 7540 NW Helms Rd  
Portland, Ore, 97210  
Phone: (503) 2869681 FAX: (503) 2852831  
Report Instructions:

Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbal (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY

Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: \_\_\_\_\_

Custabbr: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_

Billing Code:    1    2    3    4

QC LEVEL:    1    2    3    4

FEDX   BUS   COURIER   UPS   LAB   CLIENT   MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
STRM W TKS 13,5			10/14/96 11:00 AM		OIL & Grease	
STRM W TKS 13,5			10/14/96 1:00 PM		Phenols	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
T.J. Turner	T.J. Turner	10/14/96	1:32 PM	X-B. Harwood	10-14-96	1:32 PM
White Copy - Laboratory Copy      Yellow Copy - Client Copy	X-B. Harwood	10-14-96	2:15 PM			
SHADED AREAS FOR LABORATORY USE ONLY				LAF [Signature]	10/14/96	1415

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002378

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: October 29, 1996  
Job Number: 961024AY  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/24/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
961024AY-1	WWT 2,4,6	Waste Water	10/24/96	1500

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

OCT 31 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002380



### Analytical Data

Koppers Industry

Job Number: 961024AY

Page Number: 2 of 2

Lab Sample ID: 961024AY-1

Field ID: WWT 2,4,6

Date/Time: 10/24/96 1500

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/25/96	MJP
Total Phenols	EPA 420.1	0.05	0.06	mg/L	10/25/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

**OCT 31 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002381

B

10/24/96

STORM WATER TKS

246

7.1 PH

54°F

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: AMOS KAMERER  
 Company Name: KOPPERS INDUSTRIES  
 Mailing Address: 7540 NW St. Helens Rd  
Portland, OR 97210  
 Phone: 503-286-3681 FAX: ( ) 286-2831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_

<b>Sample Turnaround</b> <input type="checkbox"/> Standard <input type="checkbox"/> Priority (Additional Fee) <input checked="" type="checkbox"/> Rush (Additional Fee) <input type="checkbox"/> Emergency (Additional Fee)	<b>Reporting Request</b> <input type="checkbox"/> State Compliance Format <input type="checkbox"/> FAX Results - Preliminary <input type="checkbox"/> FAX Results-Final <input type="checkbox"/> Verbals Results <input type="checkbox"/> Extra Report Copy (Fees Associated)
---	--

Initials: \_\_\_\_\_

**FOR LABORATORY USE ONLY** Page \_\_\_\_\_ of \_\_\_\_\_  
 Job Number: 961024AW  
 Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 2, 4, 6				10/24 3:00		OIL & GREASE	
WWT 2, 4, 6						PHENOLS	
WWT 2, 4, 6						Oil's & Greases	
WWT 2, 4, 6						phenols	
Sampled By: <u>Chris Tate</u>				AUTHORIZED CUSTOMER SIGNATURE			
				DATE:			

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>Chris Tate</u>	10/24				
	<u>Chris Tate</u>	10-24	3:26	LAB <u>Mark W. Leed</u>	10-24-96	1521

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002383



**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST-DUE ACCOUNTS**

CUSTOMER agrees to pay 1½% per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.

Facility Name/Location if different)  
NAME Koppers Industries, Inc.  
ADDRESS 7540 NW St. Helens Rd.  
Portland, OR 97210  
FACILITY NW Plant  
LOCATION Multnomah

DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
101003  
PERMIT NUMBER  
001  
DISCHARGE NUMBER  
MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
96 09 01 96 09 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.  
OMB No. 2040-0004  
Approval expires 10-31-94

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0									
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	Area S. Kamerer, Plt Mgr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
TYPED OR PRINTED			503 286-3681	96	10	02	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Nothing to Report

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)  
NAME

Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Rd.

Portland, OR 97210

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

3077-J / 47430

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 96 08 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

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	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. Collins, V. P.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Amos S. Kamerer, Plt. Mgr.  
SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681

AREA CODE

NUMBER

DATE

96 09 03

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Nothing to Report

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)  
NAME

Koppers Industries Inc.

ADDRESS 7540 NW St. Helens Rd.

Portland, OR 97210

FACILITY Northwest Plant DEA #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

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DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	07	01		96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J / 47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT	0											
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
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R.D. Collins, V.P.			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 286-3681	96 09 03
		AREA CODE	NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Nothing to Report

CORRECT - WE FAILED TO DO THE  
JULY REPORT IN AUGUST.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST. HELENS RD.  
PORTLAND, OR 97210

FACILITY Northwest Plant DEA #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

3077-J

MONITORING PERIOD

FROM

YEAR MO DAY  
96 06 01  
(20-21) (22-23) (24-25)

TO

YEAR MO DAY  
96 06 30  
(26-27) (28-29) (30-31)

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	Amos S. Kamerer, Plt. Mgr. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			503   286-3681	07	03	96	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Nothing to Report

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME **KOPPERS INDUSTRIES, INC.**

ADDRESS **17540 NW St. Helens Rd.**  
**Portland, OR 97210**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

47430

FACILITY **Northwest Plant DEQ #47430**

LOCATION **Multnomah County**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	05	01		96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT	27,097		GPD					N/A	17/31	Est.		
	PERMIT REQUIREMENT												
Temp.	SAMPLE MEASUREMENT				58	62	64	°F	0	17/31	Grab		
	PERMIT REQUIREMENT												
pH	SAMPLE MEASUREMENT				6.0	6.3	6.4	SU	0	17/31	Grab		
	PERMIT REQUIREMENT												
Oil & Grease	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	Mg/L	0	17/31	Grab		
	PERMIT REQUIREMENT												
Phenols	SAMPLE MEASUREMENT				.08	.11	.18	Mg/L	0	17/31	Grab		
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
R.D. Collins, V.P.									503	286-3681	96	06	04
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

cc : J. Holtrop-City of Portland, W.E. Swearingen-KII



## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

[illegible]



Report Date: June 2, 1996  
Job Number: 960528AH  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 05/28/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960528AH-1	WWT 2,4,6	Waste Water	05/28/96	1445

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

*Sue M. Coffey*  
Rona A. Klueh  
Technical Director

**RECEIVED**

RAK/atc

JUN 6 1996

KOPPERSINDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002391





## Analytical Data

Koppers Industry

Job Number: 960528AH

Page Number: 2 of 2

Lab Sample ID: 960528AH-1

Field ID: WWT 2,4,6

Date/Time: 05/28/96 1445

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/28/96	AB
Total Phenols	EPA 420.1	0.05	0.09	mg/L	05/29/96	RAP

ND means none detected at or above the detection limit listed.

RECEIVED

JUN 5 1996

KOPPERS IND. INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002392

5/28/96

WW 2,4,6

62°F

6.3 pH

**CENTRAL OREGON BRANCH**  
827 SW 7th  
Redmond, OR 97756  
PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
419 SW 5th  
Pendleton, OR 97801  
PHONE/FAX (541) 276-0385

Report  
Attention: Amos K Kasper  
Company: Kaspers Ind Inc  
Name: Kaspers Ind Inc  
Mailing: 25404 Mustang Freeway FLA  
Address: Dorham NC 27046-9032 10  
Phone: (336) 286-3591 FAX: (336) 285-2837  
Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

EPA Protocol Containers: Y/N Other: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input checked="" type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbal Results
	<input type="checkbox"/> Extra Report Copy (Fees Associated)

Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 1

Job Number: W 6 960528-111

Custabbr: Koppers ☐ NEW

☐ VISA ☐ M/C Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_

Billing Code: L\* 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WWH 1, -43, 65				5/29/92 2415		adit Glendale	
WWH 12, 3, 65				11/23/96 730		PHEND/S	
Sampled By: Chris Jobe	AUTHORIZED CUSTOMER SIGNATURE				DATE:		

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<i>Chris Jones</i>	5/28/12	3:50			
				LAB <i>[Signature]</i>	5/28/12	1550

**White Copy-Laboratory Yellow Copy - Customer**

**COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE**

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002394

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

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<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
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<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

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**CONFIDENTIALITY**

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**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1 1/2 % per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



## Analytical Data

Koppers Industry

Job Number: 960523D

Page Number: 2 of 2

Lab Sample ID: 960523D-1

Field ID: WW 1,3,5

Date/Time: 05/23/96 0730

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/23/96	AB
Total Phenols	EPA 420.1	0.05	0.08	mg/L	05/23/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

**MAY 26 1996**

**KOPPERSINDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002396



Report Date: May 28, 1996  
Job Number: 960523D  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 05/23/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960523D-1	WW 1,3,5	Waste Water	05/23/96	0730

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

**MAY 29 1996**

**KOPPERSINDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002397

5/23/96

WW 1-3-5

58° F

6.5 PH

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kamerer  
 Company: Koppers Ind Inc  
 Name: Koppers Ind Inc  
 Mailing Address: 7540 NW ST Helens Rd  
Portland, Or 97210  
 Phone: (503) 2863681 FAX: (503) 2852831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_

<input type="checkbox"/> Sample Turnaround	<input type="checkbox"/> Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input checked="" type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbals Results
	<input type="checkbox"/> Extra Report Copy
	(Fees Associated)

Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 23 of 23  
 Job Number: W5760523  
 Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC-LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WW 1-3-5				5/23 <sup>96</sup> 730 AM		oil - Grease	
WW 1-3-5				5/23 <sup>96</sup> 730 AM		Phenols	
Sampled By: _____				AUTHORIZED CUSTOMER SIGNATURE _____			DATE: _____

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>Chris Joke</u>	5/23/96	8:15			
				<u>Cuplet Bunk</u>	5/23/96	08:00

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers0023399



**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.).
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

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**DELIVERY AND LIABILITY LIMITATIONS**

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**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1 1/2 % per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



### Analytical Data

Koppers Industry

Job Number: 960514L

Page Number: 3 of 3

Lab Sample ID: 960514L-2

Field ID: WWT 2,4,6

Date/Time: 05/14/96 0815

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/14/96	AB
Total Phenols	EPA 420.1	0.05	0.18	mg/L	05/14/96	RAP

ND means none detected at or above the detection limit listed.

RECEIVED

MAY 17 1996

KOPPERS INDUS. INC.  
KOPPERS INDUS. INC.  
PORTLAND, OR  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002401



## Analytical Data

Koppers Industry

Job Number: 960514L

Page Number: 2 of 3

Lab Sample ID: 960514L-1

Field ID: WWT 1,3,5

Date/Time: 05/14/96 0815

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/14/96	AB
Total Phenols	EPA 420.1	0.05	0.10	mg/L	05/14/96	RAP

ND means none detected at or above the detection limit listed.

RECEIVED

MAY 17 1996

KOPPERS INDUS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002402



Report Date: May 16, 1996  
Job Number: 960514L  
PO Number: Verbal-Amos Kameron  
Project No: None Provided  
Project Name: None Provided

Amos Kameron  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 05/14/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960514L-1	WWT 1,3,5	Waste Water	05/14/96	0815
960514L-2	WWT 2,4,6	Waste Water	05/14/96	0815

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

**RECEIVED**

RAK/atc

MAY 17 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002403

5-14-96

246		
WW <del>135</del>	PH	TEMP
135	6.0	64
WW <del>246</del>	6.4	64



**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

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<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
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<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

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Coffey Laboratories, Inc.  
Draft Analytical Data

Koppers Industry

Draft Report Date: 05/15/96

Job Number: 960514L

PO Number: Verbal-Amos Kamer

Project No: None Provided

Project Name: None Provided

Lab Sample ID: 960514L-2

Field ID: WWT 2,4,6

Date/Time: 05/14/96 0815

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/14/96
Total Phenols	EPA 420.1	0.05	0.18	mg/L	05/14/96

This is a DRAFT report! The data contained in this report may not be complete.  
This report has not undergone final quality assurance review.



Coffey Laboratories, Inc.  
Draft Analytical Data

Koppers Industry

Draft Report Date: 05/15/96

Job Number: 960514L

PO Number: Verbal-Amos Kamer

Project No: None Provided

Project Name: None Provided

Lab Sample ID: 960514L-1

Field ID: WWT 1,3,5

Date/Time: 05/14/96 0815

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/14/96
Total Phenols	EPA 420.1	0.05	0.10	mg/L	05/14/96

May 15, 1996

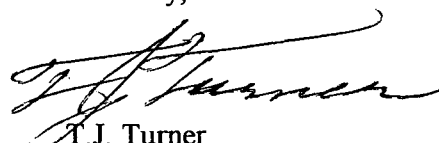
Amos S. Kamerer, Plant Manager  
Koppers Industries, Inc.  
7540 NW St. Helens Road  
Portland, Or 97210

Dear Sir:

On May 14, 1996 I did a full walk through inspection of plant operations. Due to record rainfall the past week I found the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we will sustain further damage than we have already to pumps and other equipment. Due to this situation, I started pumping the overflow of rainwater directly to the plant outfall. We will continue this until we are of danger. At this time, we also sampled waste water tanks 1, 3, and 5 also tanks 2, 4, and 6 and requested rush analysis.

Sincerely,

  
T.J. Turner  
General Foreman

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME KOPPERS INDUSTRIES, Inc.

ADDRESS 7540 NW ST. HELENS RD.  
PORTLAND, OR 97210

FACILITY NORTHWEST PLANT DEQ #47430

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	04	01	96	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	30,667		GPD					N/A	18/30	EST.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				57	58	59	F	0	18/30	GRAB
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				6.2	6.5	6.8	SU	0	18/30	GRAB
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	MG/L	0	18/30	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				N.D.	.075	.17	MG/L	0	18/30	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		503	286-3681	96	05	06
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Second Quarter PAH results per attached.

## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

[illegible]



## Analytical Data

Koppers Industry

Job Number: 960425B

Page Number: 4 of 4

Lab Sample ID: 960425B-2

Field ID: WW 2,4,6

Date/Time: 04/25/96 0730

Matrix: Waste Water

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 04/25/96

Analyst: DJM

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	25.	ND	ND
Acenaphthylene	25.	ND	ND
Anthracene	5.	ND	ND
Benzo(a)anthracene	0.5	ND	19.
Benzo(a)pyrene	1.	ND	21.
Benzo(b)fluoranthene	0.5	ND	23.
Benzo(g,h,i)perylene	1.	ND	16.
Benzo(k)fluoranthene	0.5	ND	17.
Chrysene	5.	ND	20.
Dibenzo(a,h)anthracene	2.5	ND	4.
Fluoranthene	5.	ND	18.
Fluorene	25.	ND	ND
Indeno(1,2,3-cd)pyrene	2.5	ND	13.
Naphthalene	25.	ND	ND
Phenanthrene	5.	ND	7.
Pyrene	5.	ND	29.

187

Results expressed as  $\mu\text{g/l}$  unless otherwise noted.

ND means none detected at or above the detection limit listed.

# RECEIVED

MAY 01 1996

KOPPERS INDUS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002412

April 25, 1996

Amos S. Kamerer  
Koppers Industries, Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97210

Dear Sir:

On April 25, 1996 I came in at 6:30 am to start plant operations. Upon doing a full-plant walk-through inspection, I found the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we are in danger of losing pumps and equipment, and a possible shut down of operations. I started pumping the overflow of rainwater directly to the plant outfall.

We, at this time also sampled all waste water tanks and requested rush analysis.

Sincerely,

A handwritten signature in black ink, appearing to read 'T.J. Turner', written in a cursive style.

T.J. Turner  
General Foreman

# KOPPERS INDUSTRIES

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

Telephone: 503-286-3681  
Fax: 503-285-2831

12 April 1996

Amos S. Kameron  
Koppers Industries, Inc  
7540 NW St. Helens Rd.  
Portland, OR 97210

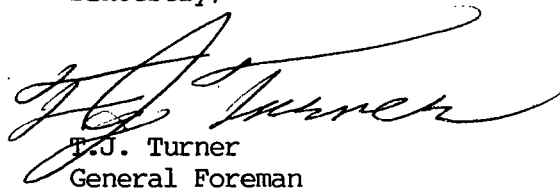
Dear Sir:

On April 11, 1996 I came in at 6:30 a.m. to start plant operations. Upon doing a full-plant walk-through inspection, I found the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we are in danger of losing pumps and equipment, and a possible shut down of operations. I started pumping the overflow of rainwater directly to the plant outfall.

We at this time also sampled all waste water tanks and requested rush analysis.

Sincerely,

  
T.J. Turner  
General Foreman

*Erroned — no samples were taken and analysed.*

4/25/96  
WW 2,4,6  
58° F  
6.5 PH



4/25/96  
W W 1-3-5

59° F

6.2 P.H.

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

### CENTRAL OREGON BRANCH

827 SW 7th  
Redmond, OR 97756  
PHONE/FAX (541) 548-0972

### CORPORATE HEADQUARTERS

12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

### EASTERN OREGON BRANCH

419 SW 5th  
Pendleton, OR 97801  
PHONE/FAX (541) 276-0385

Report Attention: Amos Kammerer  
Company Name: Koppers Ind Inc  
Mailing Address: 7540 NW St Helens Rd  
Portland OR 97210  
Phone: (503) 2863681 FAX: (503) 2852831  
Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
EPA Protocol Containers: Y/N Other: \_\_\_\_\_  
  

<input type="checkbox"/> Sample Turnaround	<input type="checkbox"/> Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input checked="" type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbals Results
	<input type="checkbox"/> Extra Report Copy (Fees Associated)

Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 1  
Job Number: W5760425-B  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/ Profile
WW 1,3,5				4/25 0730		Oil/Grease	
WW 1,3,5				4/25 0730		Phenols	
WW 2,4,6				4/25 0730		Oil/Grease	
WW 2,4,6				4/25 0730		Phenols	
W.W. 2,4,6				4/25 0730		P.A.H.	
Sampled By: <u>Chris Jobe</u>				AUTHORIZED CUSTOMER SIGNATURE			DATE:

Sample Comments	Relinquished by (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	4/25/96	8:00	<u>[Signature]</u>	4/25/96	8:05
	<u>[Signature]</u>	4/25/96	8:25	<u>[Signature]</u>		
				LAB <u>Cristal Buhl</u>	4/25/96	8:25

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002417

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1 1/2 % per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: April 30, 1996  
Job Number: 960425B  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 04/25/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960425B-1	WW 1,3,5	Waste Water	04/25/96	0730
960425B-2	WW 2,4,6	Waste Water	04/25/96	0730

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

**RECEIVED**

RAK/atc

MAY 6 1996

KOPPERS INDUS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002419



### Analytical Data

Koppers Industry

Job Number: 960425B

Page Number: 2 of 4

Lab Sample ID: 960425B-1

Field ID: WW 1,3,5

Date/Time: 04/25/96 0730

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	04/25/96	AB
Total Phenols	EPA 420.1	0.05	ND	mg/L	04/25/96	RAP

ND means none detected at or above the detection limit listed.

# RECEIVED

MAY 01 1996

KOPPERS IND., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002420



### Analytical Data

Koppers Industry

Job Number: 960425B

Page Number: 3 of 4

Lab Sample ID: 960425B-2

Field ID: WW 2,4,6

Date/Time: 04/25/96 0730

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	04/25/96	AB
Total Phenols	EPA 420.1	0.05	ND	mg/L	04/25/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

**MAY 01 1996**

**KOPPERS INDUS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002421

4/1/96  
WWT 1, 3, 5  
58° F  
6.8 PH

4/1/96

wwT 2,4,6

57°F

6.5 PM



# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

**CENTRAL OREGON BRANCH**  
 827 SW 7th  
 Redmond, OR 97756  
 PHONE/FAX (541) 548-0972

**CORPORATE HEADQUARTERS**  
 12423 NE Whitaker Way  
 Portland, OR 97230  
 (503) 254-1794 FAX: (503) 254-1452

**EASTERN OREGON BRANCH**  
 419 SW 5th  
 Pendleton, OR 97801  
 PHONE/FAX (541) 276-0385

Report  
 Attention: Amos Kameron  
 Company: Koppers  
 Name: Koppers  
 Mailing Address: 7540 NW St Helens RD  
Portland, OR 97210  
 Phone: (503) 286-3681 FAX: (503) 285-2831  
 Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 EPA Protocol Containers: Y/N Other: \_\_\_\_\_

<input type="checkbox"/> Sample Turnaround	<input type="checkbox"/> Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input checked="" type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbals Results
	<input type="checkbox"/> Extra Report Copy (Fees Associated)

Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 2  
 Job Number: Wt 960401 AR2  
 Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: 1 / 1 / \_\_\_\_\_  
 Cash / Check / CC: \$ \_\_\_\_\_ # \_\_\_\_\_  
 Billing Code: 1 2 3 4  
 QC LEVEL: 1 2 3 4  
 FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1, 3, 5	ND			4-11-96 3:35		oil + Grease	
WWT 1, 3, 5	.17			" "		phenols	
WWT 2, 4, 6	ND			" "		oil + Grease	
WWT 2, 4, 6	.13			" "		phenols	
Sampled By: <u>TJ Turner</u> AUTHORIZED CUSTOMER SIGNATURE _____ DATE: _____							

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	4/11/96	3:40	<u>[Signature]</u>	4/11/96	
	<u>[Signature]</u>	4/11/96	4:11			
				LAB <u>Tracy</u>	4/11/96	16:15

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002424

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST</b>	
<b>STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1½% per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

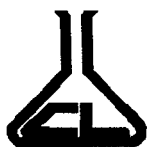
In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



# RECEIVED

APR 09 1996

KOPPERSINDS.,INC.  
PORTLAND,OR

Report Date: April 5, 1996  
Job Number: 960401AR  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

## Analytical Narrative

The samples were received on 04/01/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960401AR-1	WWT 1,3,5	Waste Water	04/01/96	1535
960401AR-2	WWT 2,4,6	Waste Water	04/01/96	1535

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

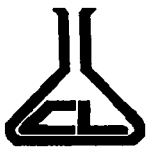
Rona A. Klueh  
Technical Director

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002426



### Analytical Data

Koppers Industry

Job Number: 960401AR

Page Number: 2 of 3

Lab Sample ID: 960401AR-1

Field ID: WWT 1,3,5

Date/Time: 04/01/96 1535

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	04/02/96	AB
Total Phenols	EPA 420.1	0.05	0.17	mg/L	04/02/96	RAP

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002427



### Analytical Data

Koppers Industry

Job Number: 960401AR

Page Number: 3 of 3

Lab Sample ID: 960401AR-2

Field ID: WWT 2,4,6

Date/Time: 04/01/96 1535

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	04/02/96	AB
Total Phenols	EPA 420.1	0.05	0.13	mg/L	04/02/96	RAP

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002428

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)  
NAME **KOPPERS INDUSTRIES**

ADDRESS **7540 NW ST. HELENS RD.**  
**PORTLAND, OR 97210**

FACILITY **NORTHWEST PLANT DEQ #47430**  
LOCATION **MULTNOMAH COUNTY**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM

YEAR MO DAY  
96 03 01

TO

YEAR MO DAY  
96 03 31

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

3077-J  
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	14,194		GPD					N/A	12/31	EST.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				51	53	54	°F	0	12/31	GRAB
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				6.5	6.5	6.6	SU	0	12/31	GRAB
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT				ND	2.0	5.0	MG/L	0	12/31	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				ND	.09	.13	MG/L	0	12/31	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. COLLINS, V.P.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

AND S. KAMERER, PLANT MGR.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503  
AREA  
CODE

286-3681  
NUMBER

96  
YEAR

04  
MO

01  
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>March</u> YEAR <u>96</u>									
														FLOW									
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN				G.P.D.											
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000		M O N T H				DISCHARGE											
# OF PUMPINGS	1	111	1	111	1	111	12																
GALS.PUMPED	45,000	135,000	45,000	135,000	20,000	60,000	440,000	31				14,094											
SAMPLE CONCENTRATION LEVELS																							
															AVG.	MIN.	MAX.	UNIT					
TEMPERATURES	54	54	54	51											53	51	54	OF					
PH	6.5	6.6	6.5	6.5											6.5	6.5	6.6	SU					
OIL & GREASES	N/D	5.	3.	N/D											2.0	N/D	5.0	MG/L					
PHENOLS	N/D	.13	.08	.13											.09	N/D	.13	MG/L					
QUARTERLY PAH TESTING																							
DATE SAMPLE TAKEN <u>1</u> <u>1</u>														RESULTS									
(MUST BE LESS THAN 1000)																							

3/21/96  
WNT 2,4,6  
L.5 PA

51 OF



# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY AGREEMENT

### CENTRAL OREGON BRANCH

827 SW 7th  
Redmond, OR 97756  
PHONE/FAX (541) 548-0972

### CORPORATE HEADQUARTERS

12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

### EASTERN OREGON BRANCH

419 SW 5th  
Pendleton, OR 97801  
PHONE/FAX (541) 276-0385

Report  
Attention: Amos Kamere  
Company: Koppers Ind Inc  
Name: Koppers  
Mailing Address: 4540 NW 5th Helens Rd  
Portland OR  
Phone: (503) 2863681 FAX: (503) 2852831  
Report Instructions (Special - Additional- Job Specific):

PO Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
EPA Protocol Containers: Y/N Other: \_\_\_\_\_  
  

<b>Sample Turnaround</b>	<b>Reporting Request</b>
<input type="checkbox"/> Standard	<input type="checkbox"/> State Compliance Format
<input type="checkbox"/> Priority (Additional Fee)	<input type="checkbox"/> FAX Results - Preliminary
<input type="checkbox"/> Rush (Additional Fee)	<input type="checkbox"/> FAX Results-Final
<input type="checkbox"/> Emergency (Additional Fee)	<input type="checkbox"/> Verbals Results
	<input type="checkbox"/> Extra Report Copy (Fees Associated)

  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page A of \_\_\_\_\_  
Job Number: WP 960321  
Custabbr: Koppers ☐ NEW  
  
☐ VISA ☐ M/C Cardholder: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cash / Check / CC: \$ \_\_\_\_\_ #: \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIERS UPS LAB CLIENT MAIL AIR

Sample ID	Loc.	ID	#	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 2,4,6				3/21/96 8:00 AM		Oil & Greases	
WWT 2,4,6,				3/21/96 8:00 AM		Phenols	
Sampled By: <u>TV TURNER</u>				AUTHORIZED CUSTOMER SIGNATURE _____			DATE: _____

Sample Comments	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
	<u>[Signature]</u>	3/21/96	8:03	<u>[Signature]</u>	3/21/96	8:07
	<u>[Signature]</u>	3/21/96	8:05			
				LAB <u>May 19</u>	3/21/96	0800

White Copy-Laboratory Yellow Copy - Customer

COMPLETE THIS FORM PER INSTRUCTIONS ON REVERSE SIDE

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002432

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1½% per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

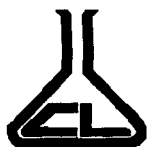
In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



# RECEIVED

MAR 26 1996

KOPPERSINDS, INC.  
PORTLAND, OR

Report Date: March 25, 1996  
Job Number: 960321A  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

## Analytical Narrative

The sample was received on 03/21/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960321A-1	WWT 2,4,6	Waste Water	03/21/96	0800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc



## Analytical Data

Koppers Industry

Job Number: 960321A

Page Number: 2 of 2

Lab Sample ID: 960321A-1

Field ID: WWT 2,4,6

Date/Time: 03/21/96 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	03/21/96	AB
Total Phenols	EPA 420.1	0.05	0.13	mg/L	03/22/96	RAP

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002435

3/13/96

WWT

1, 3, 5 54°F

1.6 PH

3/13/96

WWT

2, 4, 6

54° F

6.5 PH

**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Ind Inc  
Address: 7540 NW 5th Helens Rd  
Portland OR 97210  
Phone: (503) 286 3681 FAX: (503) 285 2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbal (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: WG960313 AM-2  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #: \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 2,4,6</u>			<u>3/13/96 2:00 PM WWT</u>		<u>Oil &amp; Grease</u>	
<u>WWT 2,4,6</u>			<u>3/13/96 11</u>		<u>Phenols</u>	
<u>WWT 1,3,5</u>			<u>3/13/96 11</u>		<u>Oil &amp; Grease</u>	
<u>WWT 1,3,5</u>			<u>3/13/96 11</u>		<u>Phenols</u>	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>T J Turner</u>	<u>[Signature]</u>	<u>3/13/96</u>	<u>2:10</u>	<u>[Signature]</u>	<u>3/13/96</u>	<u>2:10</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB	<u>[Signature]</u>	<u>3-13-96 1528</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002438

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.).
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.





Report Date: March 15, 1996  
Job Number: 960313AM  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 03/13/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960313AM-1	WWT 2,4,6	Waste Water	03/13/96	1400
960313AM-2	WWT 1,3,5	Waste Water	03/13/96	1400

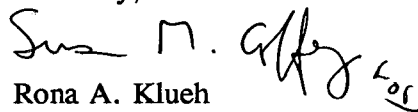
The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

  
Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

**MAR 20 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002440



### Analytical Data

Koppers Industry

Job Number: 960313AM

Page Number: 2 of 3

Lab Sample ID: 960313AM-1

Field ID: WWT 2,4,6

Date/Time: 03/13/96 1400

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	5.	mg/L	03/13/96	AB
Total Phenols	EPA 420.1	0.05	0.13	mg/L	03/14/96	RAP

**RECEIVED**

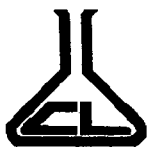
**MAR 20 1996**

**KOPPERS IND., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002441



### Analytical Data

Koppers Industry

Job Number: 960313AM

Page Number: 3 of 3

Lab Sample ID: 960313AM-2

Field ID: WWT 1,3,5

Date/Time: 03/13/96 1400

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	3.	mg/L	03/13/96	AB
Total Phenols	EPA 420.1	0.05	0.08	mg/L	03/14/96	RAP

**RECEIVED**

**MAR 20 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002442

WWT 2,4,5

3/4/96

54° F

6.5 PH

PORTLAND BRANCH  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

COFFEY LABORATORIES, INC.  
CHAIN OF CUSTODY AGREEMENT

PENDLETON BRANCH  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kammerer  
Company: Koppers Ind.  
Name: Koppers Ind.  
Address: 7540 NW 5th Helens Rd  
Portland, Or, 97210  
Phone: (503) 2863681 FAX: (503) 2852831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: 960304AQ  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Lac.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 2, 4, 6</u>			<u>3/4/96 2:00PM</u>		<u>Oil/Grease</u>	
<u>WWT 2, 4, 6</u>			<u>3/4/96 2:00PM</u>		<u>Phenols</u>	
Sample Comments: _____						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>T.J. Turner</u>	<u>[Signature]</u>	<u>3/4/96</u>	<u>2:15 PM</u>	<u>[Signature]</u>	<u>3-4-96</u>	<u>2:05</u>
White Copy - Laboratory Copy Yellow Copy - Client Copy		<u>[Signature]</u>	<u>3-4-96</u>	<u>[Signature]</u>	<u>3-4-96</u>	<u>1445</u>

SHADED AREAS FOR LABORATORY USE ONLY

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002444

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: March 7, 1996  
Job Number: 960304AQ  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 03/04/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960304AQ-1	WWT 2,4,6	Waste Water	03/04/96	1400

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

**MAR 11 1996**

**KOPPERSINDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002446



### Analytical Data

Koppers Industry

Job Number: 960304AQ  
Page Number: 2 of 2

Lab Sample ID: 960304AQ-1  
Field ID: WWT 2,4,6  
Date/Time: 03/04/96 1400  
Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	03/04/96	AB
Total Phenols	EPA 420.1	0.05	ND	mg/L	03/05/96	RAP

ND means none detected at or above the detection limit listed.

**RECEIVED**

**MAR 11 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries

ADDRESS 7540 NW St. Helens Rd.

Portland, Or 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

2

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

96 02 01 96 02 29

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

FROM

TO

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	7,586		GPD					N/A	6/29	Est.
	PERMIT REQUIREMENT										
Temperature	SAMPLE MEASUREMENT				58	58	58	°F	0	6/29	Grab
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT				6.5	6.6	6.7	SU	0	6/29	Grab
	PERMIT REQUIREMENT										
Oil & Grease	SAMPLE MEASUREMENT				4.0	4.5	5.0	MG/L	0	6/29	Grab
	PERMIT REQUIREMENT										
Phenols	SAMPLE MEASUREMENT				.22	.24	.26	MG/L	0	6/29	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**R.D. Collins, V.P.**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

**KAMEA**  
S. ~~XXXX~~, Plant Mgr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681

AREA CODE NUMBER

DATE

96 02 04

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH	<u>FEB</u>		YEAR	<u>96</u>						
														FLOW										
	WWT-1		WWT-2		WWT-3		WWT-4		WWT-5		WWT-6		TOTAL		#DAYS IN		G.P.D.							
GLS. PER TANK	45,000		45,000		45,000		45,000		20,000		20,000				M O N T H		DISCHARGE							
# OF PUMPINGS	1		1		1		1		1		1		6											
GALS. PUMPED	45,000		✓		✓		✓		20,000		✓		220,000		29		7,586							
														SAMPLE CONCENTRATION LEVELS										
														AVG.		MIN.		MAX.		UNIT				
TEMPERATURES	58	58															58	58	58	OF				
PH	6.5	6.7															6.6	6.5	6.7	SU				
OIL & GREASES	5.	4.															4.5	4.0	5.0	MG/L				
PHENOLS	.26	.22															.24	.22	.26	MG/L				
														QUARTERLY PAH TESTING										
														DATE SAMPLE TAKEN		<u>1</u>		<u>1</u>		RESULTS				
																				(MUST BE LESS THAN 1000)				

February 6, 1996

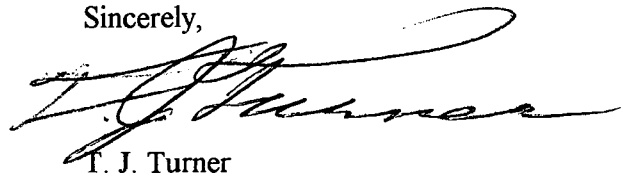
Amos S. Kamerer  
Koppers Industries, Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97210

Dear Sir:

On this date I have done a full walk through inspection of plant operations and I find the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

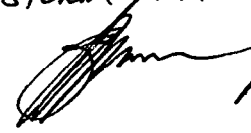
If this situation continues, we will sustain further damage than we already have to the pumps, motors and other equipment. Due to this situation, I started pumping the overflow of rainwater directly to the plant outfall. We will continue this until we are out of danger.

Sincerely,



T. J. Turner  
General Foreman

Flood conditions developed by the end of day 2/7/96. Called 911 AM 2/8/96. The fire department lent us 1200' of 5" fire hose that we connected to the 6" portable pump we had rented and we discharged directly to the river. I call DEQ - Elliot Zais and left a message on his voice mail about what we were doing. This pumping ended about noon on 2/9/96. No product discharge occurred during this emergency, only storm water accumulation was discharged.



A. S. Kamerer  
Plant Manager

WW# 2-4-6

2-19-96

58° F

6.5 PH

(503) 254-1794 FAX: (503) 254-1452

## CHAIN OF CUSTODY AGREEMENT

**(503) 276-0385**

Report  
Attention: Amos KAMMERER  
Company  
Name: Koppers Ind Inc.  
Address: 7540 NW St Helens  
Portland OR 97210  
Phone: (503) 2863681 FAX: (503) 2852831

Report Instructions:

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY

Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: 760217 AB

Custabbr: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ #: \_\_\_\_\_

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIER UPS LAB CLIENT MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
T. J. Turner	[Signature]	2/19/96	3:15 PM	[Signature]	2-19-96	3:15
White Copy - Laboratory Copy      Yellow Copy - Client Copy	[Signature]	2/19/96	3:40	[Signature]		
SHADED AREAS FOR LABORATORY USE ONLY				LAP	2-19-96	1540

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

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**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: February 22, 1996  
Job Number: 960219AR  
PO Number: Amos Kramerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 02/19/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960219AR-1	WWT 2,4,6	Waste Water	02/19/96	1430

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

**RECEIVED**

FEB 26 1996

KOPPERS INDS., INC.  
PORTLAND, OR

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002454



## Analytical Data

Koppers Industry

Job Number: 960219AR

Page Number: 2 of 2

Lab Sample ID: 960219AR-1

Field ID: WWT 2,4,6

Date/Time: 02/19/96 1430

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	5.	mg/L	02/19/96	AB
Total Phenols	EPA 420.1	0.05	0.26	mg/L	02/20/96	RAP

RECEIVED

FEB 26 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002455



2-20-96

WWT 1-3-5

58°F

6.7 PH

PORTLAND BRANCH  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

COFFEY LABORATORIES, INC.  
CHAIN OF CUSTODY AGREEMENT

PENDLETON BRANCH  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Ind Inc  
Address: 7340 NW ST Helens Rd  
Portland, OR 97210  
Phone: (503) 2863681 FAX: (503) 2852831  
Report Instructions:

Project  
Name:  
Project  
Number:  
PO Number:  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: WGT 960220-NK  
Custabbr: Kopers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 1-3-5</u>			<u>2/20/96 2:45 PM</u>		<u>Oil &amp; Grease</u>	
<u>WWT 1-3-5</u>			<u>2/20/96 2:45 PM</u>		<u>Phenols</u>	
Sample Comments:						

Sampled by: (Please Print) <u>T.J. Turner</u>	Relinquished by: (Please Sign) <u>[Signature]</u>	Date <u>2/20/96</u>	Time <u>3:10 PM</u>	Received by: (Sign) <u>[Signature]</u>	Date <u>2/20/96</u>	Time <u>3:15</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <u>[Signature]</u>	<u>2/20/96</u>	<u>1:40</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002457

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: February 22, 1996  
Job Number: 960220AK  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 02/20/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960220AK-1	WWT 1-3-5	Waste Water	02/20/96	1445

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

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Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

RECEIVED

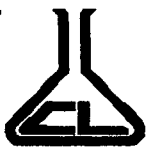
FEB 26 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002459



### Analytical Data

Koppers Industry

Job Number: 960220AK

Page Number: 2 of 2

Lab Sample ID: 960220AK-1  
Field ID: WWT 1-3-5  
Date/Time: 02/20/96 1445  
Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	4.	mg/L	02/20/96	AB
Total Phenols	EPA 420.1	0.05	0.22	mg/L	02/21/96	RAP

RECEIVED

FEB 26 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002460

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Rd.

Portland, Or 97210

FACILITY Northwest Plant DEQ #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)  
101003  
PERMIT NUMBER

(17-19)  
1  
DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

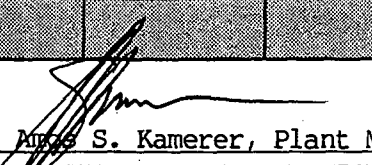
Approval expires 10-31-94

3077-J  
47430

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	01	01		96	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	14,194		GPD						N/A	12/31	Est.
	PERMIT REQUIREMENT											
Temperature	SAMPLE MEASUREMENT				50	58	64	°F	0	12/31	Grab	
	PERMIT REQUIREMENT											
pH	SAMPLE MEASUREMENT				6.3	6.4	6.5	SU	0	12/31	Grab	
	PERMIT REQUIREMENT											
Oil & Grease	SAMPLE MEASUREMENT				N.D.	1.5	6.0	MG/L	0	12/31	Grab	
	PERMIT REQUIREMENT											
Phenols	SAMPLE MEASUREMENT				N.D.	.05	.10	MG/L	0	12/31	Grab	
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 R.D. Collins, V.P. TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT R.D. S. Kameron, Plant Mgr. 503 286-3681	TELEPHONE	DATE		
				AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1st Quarter PAH test results are attached.



1/9/96

WWT 2-4-6

pH 6.3

50°F



(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**

## CHAIN OF CUSTODY AGREEMENT

### PENDLETON BRANCH

**287 SE First**

Pendleton, OR 97801

(503) 276-0385

Report  
Attention: Amos Kameron  
Company: Koppers Industries Inc  
Name: 7540 NW St Helens Road  
Address: Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831

Report Instructions:

Project Name: _____	
Project Number: _____	
PO Number: _____	
<b>Sample Turnaround</b> <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5x Std. Fee) <input checked="" type="checkbox"/> Rush (2x Std. Fee) <input type="checkbox"/> Emergency (3x Std. Fee)	<b>Reporting Request</b> <input type="checkbox"/> FAX (T-35) <input type="checkbox"/> Verbals (T-1157) <input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated) Initials: _____

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: 06960109-H-1

Customer: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ #:

Billing Code:    1    2    3    4

QC LEVEL:    1    2    3    4

FEDX    BUS    COURIER    UPS    LAB    CLIENT    MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Dennis Stewart	Dennis Stewart	1/9/96	8:30am	Kean Z May	1/9/96	8:30am
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						
	Kean Z May	1/9/96	10:00am	Paula Hogg	1-9-96	1000

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002464

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: January 11, 1996  
Job Number: 960109H  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

#### Analytical Narrative

The sample was received on 01/09/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960109H-1	WWT 2-4-6 Composite	Waste Water	01/09/96	0830

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

**JAN 12 1995**

**KOPPERS INDS., INC.  
PORTLAND OR**



### Analytical Data

Koppers Industry

Job Number: 960109H

Page Number: 2 of 2

Lab Sample ID: 960109H-1

Field ID: WWT 2-4-6 Composite

Date/Time: 01/09/96 0830

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	01/09/96	DJM
Total Phenols	EPA 420.1	0.05	0.10	mg/L	01/09/96	PDB

ND means none detected at or above the detection limit listed.

**RECEIVED**

**JAN 12 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002467

1-15-96

WWT 1-3-5

pH 6.3

55°F

12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamerer  
Company: Koppers Ind  
Name: 7540 Nw St Helens Rd  
Address: Portland, Ore 97210-3663  
Phone: (503) 2863681 FAX: (503) 2832831  
Report Instructions:

Project Name: _____	
Project Number: _____	
PO Number: _____	
<b>Sample Turnaround</b> <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5x Std. Fee) <input checked="" type="checkbox"/> Rush (2x Std. Fee) <input type="checkbox"/> Emergency (3x Std. Fee)	<b>Reporting Request</b> <input type="checkbox"/> FAX (T-35) <input type="checkbox"/> Verbals (T-1157) <input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated) Initials: _____

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: W6960715-C  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ 5 #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
L. J. TURNER	<i>[Signature]</i>	1-15-96	8:20	<i>[Signature]</i>	1-15-96	8:20
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						
	<i>[Signature]</i>	1-15-96	8:35	<i>[Signature]</i>		

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002469

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

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**CONFIDENTIAL**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



RECEIVED

JAN 22 1996  
KOPPERS INDS., INC.  
PORTLAND, OR

Report Date: January 18, 1996  
Job Number: 960115C  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

**Analytical Narrative**

The sample was received on 01/15/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960115C-1	WW 1,3,5	Waste Water	01/15/96	0800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc1

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002471





### Analytical Data

Koppers Industry

Job Number: 960115C

Page Number: 2 of 3

Lab Sample ID: 960115C-1

Field ID: WW 1,3,5

Date/Time: 01/15/96 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	01/15/96	AB
Total Phenols	EPA 420.1	0.05	0.05	mg/L	01/15/96	PDB

ND means none detected at or above the detection limit listed.

**RECEIVED**

**JAN 22 1996**

**KOPPERS INDS., INC.  
PORTLAND, OR**



## Analytical Data

Koppers Industry

Job Number: 960115C

Page Number: 3 of 3

Lab Sample ID: 960115C-1

Field ID: WW 1,3,5

Date/Time: 01/15/96 0800

Matrix: Waste Water

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 01/15/96

Analyst: DJM

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	6.	ND	21.
Acenaphthylene	6.	ND	ND
Anthracene	6.	ND	ND
Benzo(a)anthracene	0.12	ND	5.4
Benzo(b)fluoranthene	0.12	ND	8.0
Benzo(k)fluoranthene	0.06	ND	2.9
Benzo(g,h,i)perylene	0.36	ND	3.3
Benzo(a)pyrene	0.12	ND	4.1
Chrysene	0.6	ND	2.9
Dibenzo(a,h)anthracene	0.36	ND	3.5
Fluoranthene	0.6	ND	5.2
Fluorene	45.	ND	ND
Indeno(1,2,3-cd)pyrene	0.6	ND	3.2
Naphthalene	6.	ND	ND
Phenanthrene	6.	ND	ND
Pyrene	2.4	ND	ND

Results expressed as  $\mu\text{g/l}$  unless otherwise noted.

ND means none detected at or above the detection limit listed.

# RECEIVED

JAN 22 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002473

1 24 96

WNT

2.4.5 61°  
6.5 PH ~~16~~

PORTLAND BRANCH  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

COFFEY LABORATORIES, INC.  
CHAIN OF CUSTODY AGREEMENT

PENDLETON BRANCH  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kammerer  
Company  
Name: Koppers IND  
Address: 7540 NW 5th Helena Rd  
Portland OR 97210  
Phone: (503) 2863681 FAX: (503) 2852531  
Report Instructions:

Project  
Name:  
Project  
Number:  
PO Number:  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: 05960124 I - 1  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 2, 4, 6</u>			<u>1/24/96 10:00</u>	<u>WW</u>		
<u>WWT 2, 4, 6</u>			<u>1/24/96 10:00</u>			
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>T.V. Turner</u>	<u>[Signature]</u>	<u>1/24/96</u>	<u>10:15</u>	<u>Chris [Signature]</u>	<u>1-24-96</u>	<u>10:15</u>
White Copy - Laboratory Copy Yellow Copy - Client Copy	<u>Chris [Signature]</u>	<u>1/24/96</u>	<u>10:37</u>	<u>LAB [Signature]</u>	<u>1-24-96</u>	<u>10:37</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002475

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.).
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

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**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: January 31, 1996  
Job Number: 960124I  
PO Number: VERBAL-AMOS KAMERER  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 01/24/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960124I-1	WWT 2,4,6	Waste Water	01/24/96	1000

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

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Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

FEB - 2 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002477



### Analytical Data

Koppers Industry

Job Number: 960124I

Page Number: 2 of 2

Lab Sample ID: 960124I-1

Field ID: WWT 2,4,6

Date/Time: 01/24/96 1000

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	01/24/96	AB
Total Phenols	EPA 420.1	0.05	0.05	mg/L	01/24/96	PDB

ND means none detected at or above the detection limit listed.

**RECEIVED**

FEB - 2 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002478

1-25-96  
WWT 135  
6.4 1.5

KSC 64°



**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kammerer  
Company  
Name: Koppers Ind Inc  
Address: 7540 NW 5th Ave  
Portland OR 97210  
Phone: (503) 286 7681 FAX: (503) 285 2831  
Report Instructions:

Project  
Name:  
Project  
Number:  
PO Number:  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: Wt 960125- AF  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB ☒ CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 1, 3, 5</u>			<u>1/25/96 3:30</u>			
<u>WWT 1, 3, 5</u>			<u>1/25/96 3:30</u>			
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>T.J. Turner</u>	<u>[Signature]</u>	<u>1/25/96</u>	<u>3:40</u>	<u>[Signature]</u>	<u>1/25/96</u>	<u>3:40</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <u>[Signature]</u>	<u>1/25/96</u>	<u>6:05</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: January 31, 1996  
Job Number: 960125AF  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 01/25/96 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
960125AF-1	WWT 1,3,5	Waste Water	01/25/96	1530

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

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FEB - 2 1996

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002482



### Analytical Data

Koppers Industry

Job Number: 960125AF

Page Number: 2 of 2

Lab Sample ID: 960125AF-1

Field ID: WWT 1,3,5

Date/Time: 01/25/96 1530

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	6.	mg/L	01/25/96	AB
Total Phenols	EPA 420.1	0.05	ND	mg/L	01/26/96	PDB

ND means none detected at or above the detection limit listed.

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PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002483

# Koppers Industries, Inc.

## NPDES Monthly Stormwater Discharge Log

Month December Year 97

Day of Month	No Discharge	Sample Taken Oil & Grease	Sample Taken Phenolics	Discharging 1-3-5	Discharging 2-4-6	Emergency Discharge
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/	/	/			
10	/	/	/			
11	/			/	/	
12	/					
13	/					
14	/					
15	/	/		/	/	
16	/			/	/	
17	/					
18	/					
19	/					
20	/					
21	/	/				
22	/					
23				X	X	
24				X	X	
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					

NPDES Monthly Stormwater Discharge Log

Month November Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10		/				
11		/				
12		/				
13		/				
14				/	/	
15	/					
16	/					
17	/					
18	/					
19	/					
20	/		/			
21				/	/	
22	/					
23	/					
24	/					
25	/					
26	/	/				
27	/	/				
28	/	/		/	/	
29				/	/	
30	/					
31						

NPDES Monthly Stormwater Discharge Log

Month october Year 1997

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	/					
2	/					
3	/					
4	/					
5	/					
6				/	/	
7				/	/	
8				/	/	
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21					/	
22					/	
23					/	
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30				/	/	
31				/	/	

# NPDES Monthly Stormwater Discharge Log

Month September Year 1997

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/	/	/			
19	/	/	/			
20	/		/			
21	/		/			
22	/		/			
23					/	
24					/	
25					/	
26					/	
27					/	
28	/				/	
29	/					
30	/					
31	/					



# NPDES Monthly Stormwater Discharge Log

Month August Year 1997

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	✓	✓				
29						
30						
31						

# NPDES Monthly Stormwater Discharge Log

Month July Year 1997

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1				/	/	
2				/		
3				/		
4				/		
5				/		
6					/	
7					/	
8					/	
9					/	
10					/	
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					

# NPDES Monthly Stormwater Discharge Log

Month JUNE Year 1997

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	✓					
2	✓					
3	✓	✓				
4	✓					
5	✓					
6				✓		
7				✓		
8				✓		
9				✓		
10				✓		
11	✓					
12	✓					
13	✓					
14	✓					
15	✓					
16	✓					
17	✓					
18	✓					
19	✓					
20	✓					
21	✓					
22	✓					
23	✓					
24	✓					
25	✓					
26	✓					
27	✓					
28	✓					
29	✓					
30	✓	✓	✓			
<del>31</del>						

# NPDES Monthly Stormwater Discharge Log

Month May Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	✓		X 4/30			
2	✓					
3	✓					
4	✓					
5		X			✓	
6					✓	
7				✓	✓	
8				✓	✓	
9	✓			✓		
10	✓					
11	✓					
12	✓					
13	✓					
14	✓					
15	✓					
16	✓					
17	✓					
18	✓					
19	✓					
20	✓					
21	✓					
22	✓					
23	✓					
24	✓					
25	✓					
26	✓					
27	✓					
28	✓		X			
29	✓				✓	
30					✓	
31					✓	

NPDES Monthly Stormwater Discharge Log

Month April Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	✓					
2					✓	
3					✓	
4					✓	
5					✓	
6					✓	
7	✓					
8	✓					
9	✓					
10	✓					
11	✓					
12	✓					
13	✓					
14	✓	✓				
15	✓		✓			
16				✓		
17				✓		
18				✓		
19				✓		
20				✓		
21					✓	
22					✓	
23		✓			✓	
24					✓	
25				✓		
26				✓		
27				✓		
28				✓		
29				✓		
30	✓		✓			
31						

# NPDES Monthly Stormwater Discharge Log

Month March Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	✓					
2	✓					
3	✓					
4	✓					
5	✓	✓				
6	✓					
7			✓	✓		
8				✓		
9				✓		
10		✓			✓	
11					✓	
12					✓	
13	✓		✓	✓		
14				✓		
15				✓		
16				✓		
17				✓		
18	✓					
19		✓				
20					✓	
21					✓	
22					✓	
23					✓	
24				✓		
25				✓		
26				✓		
27	✓					
28	✓					
29	✓					
30	✓					
31	✓		✓			

# NPDES Monthly Stormwater Discharge Log

Month February Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1	✓					
2	✓					
3	✓					
4	✓					
5	✓					
6	✓					
7	✓					
8	✓					
9	✓					
10	✓					
11	✓					
12	✓	✓				
13	✓			✓		
14				✓		
15				✓		
16				✓		
17				✓		
18	✓					
19	✓					
20	✓		✓			
21	✓					
22	✓					
23	✓					
24	✓					
25	✓					
26	✓					
27					✓	
28					✓	
29						
30						
31						

NPDES Monthly Stormwater Discharge Log

Month January Year 97

DAY OF MONTH	NO DISCHARGE	SAMPLE TAKEN		DISCHARGING		EMERGENCY DISCHARGE
		1-3-5	2-4-6	1-3-5	2-4-6	
1						✓
2						✓
3						✓
4						✓
5						✓
6						✓
7						✓
8						✓
9	✓					
10	✓					
11	✓					
12	✓					
13	✓					
14	✓					
15	✓					
16	✓					
17	✓					
18	✓					
19	✓					
20	✓					
21	✓					
22	✓					
23	✓					
24	✓					
25	✓					
26						✓
27						✓
28		✓	✓	✓	✓	✓
29				✓	✓	✓
30				✓	✓	✓
31				✓	✓	



PERMITTEE NAME/ADDRESS (Include Facility Name; Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Rd  
Portland, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

FACILITY NW Terminal

LOCATION Multnomah Co.

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
97 12 01 97 12 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	28,387		GPD					0	N/A	Est.
	PERMIT REQUIREMENT										
Temp	SAMPLE MEASUREMENT				40	42	44	OF	0	1/7	Grab
	PERMIT REQUIREMENT				N/A	N/A	N/A				
pH	SAMPLE MEASUREMENT				6.8	6.9	7.0	SU	0	1/7	Grab
	PERMIT REQUIREMENT				6.0	--	9.0				
Oil & Grease	SAMPLE MEASUREMENT				nd	2.8	5.4	mg/L	0	1/7	Grab
	PERMIT REQUIREMENT				0	10	15				
Phenols	SAMPLE MEASUREMENT				.28	.28	.28	mg/L	0	1/30	Grab
	PERMIT REQUIREMENT				0	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. Collins, VP

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

TELEPHONE

503 286-3681

DATE

98 01 05

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Amos S. Kamerer, Plt. Mgr.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	DEC	YEAR	93										
										FLOW													
										DATE OF													
										EMERGENCY													
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	24	0	31	880,000	28,387				
# OF PUMPINGS	4	4	4	4	4	4	24	0															
GALS. PUMPED	180,000	180,000	180,000	180,000	80,000	80,000	24	0															
										SAMPLE CONCENTRATION LEVELS													
										LIMITS													
TEMPERATURES	41	44	40																				
PH	6.8	7.0	7.0																				
OIL & GREASES	3.0	ND	5.4																				
PHENOLS	128																						
										QUARTERLY PAH TESTING													
										DATE SAMPLE TAKEN													
										RESULTS													
										(MUST BE LESS THAN 1000)													

# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/22/97

PO#:

PROJECT NAME: WASTE WATER TANKS 2-4-6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
-------------	-------------	------	------	-------------

971788-001-01		12/22/97	1530	Waste water Grab from Tanks 2-4-6
---------------	--	----------	------	-----------------------------------

REPORT DATE: 12/23/97

REPORT NUMBER: 971788

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
--------	------	-----------	--------	------	--------------------	---------

Waste water Grab from Tanks 2-4-6

971788-001-01	O&G. TOTAL. GRAV EPA 413.1/9070	TOTAL OIL & GREASE	5.4	PPM	2	Gordon L.
---------------	------------------------------------	--------------------	-----	-----	---	-----------

DRAFT REPORT - THIS REPORT HAS NOT UNDERGONE FINAL QUALITY ASSURANCE REVIEW.

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002498

---

12-23-97

WUTKS 2-4-6

PH 7.0

Temp 40°F

---

## CHAIN OF CUSTODY RECORD

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date 12-27 Page 1 of 1

[illegible]



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/09/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
-------------	-------------	------	------	-------------

971715-001-01		12/09/97	1200	TANKS 2-4-6 WASTE WATER GRAB SAMPLE
---------------	--	----------	------	-------------------------------------

971715-001-02		12/09/97	1200	TANKS 2-4-6 WASTE WATER GRAB SAMPLE
---------------	--	----------	------	-------------------------------------

REPORT DATE: 12/11/97

REPORT NUMBER: 971715

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
TANKS 2-4-6 WASTE WATER GRAB SAMPLE						
971715-001-01	O&G, TOTAL, GRAB EPA 413.1/9070	TOTAL OIL & GREASE	3.0	PPM	2	Gordon L.
TANKS 2-4-6 WASTE WATER GRAB SAMPLE						
971715-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.283	PPM	0.05	Abigail K.

DRAFT REPORT - DATA IN THIS REPORT MAY NOT BE COMPLETE. THIS REPORT HAS NOT UNDERGONE FINAL QUALITY ASSURANCE REVIEW.

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002501

12-12-97

WVMS 2,4,6

6.8 PH

41°F

---

Koppers002503





# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 12/16/97

PROJECT NAME: WWTKS 1-3-5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971751-001-01		12/16/97	1400	TANKS 1-3-5 WASTE WATER GRAB SAMPLE

REPORT DATE: 12/17/97

REPORT NUMBER: 971751

PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
TANKS 1-3-5 WASTE WATER GRAB SAMPLE						
971751-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Gordon L.

REVIEWED BY:

Martin Little - Laboratory Manager

12-17-97

WV THS 1-3-5

PA 7.0

44<sup>+</sup>~~F~~

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 12-16-97 Page 1 of 1

Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: Koppers Ind Inc  
 Attention: Amos Kanexer  
 Address: 7540 NW Stevens Rd  
Portland, OR 97210  
 Phone: 503, 286 3681  
 FAX: 503, 285 2831  
 Sampler: T.J. Turner ☐ Submitted

Project Name: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Testing Priority ASAP Notification Method(s)  
☐ Normal ☐ Telephone  
☒ Rush ☐ FAX  
☐ Mail

Analyses To Be Performed											
Oil-Grease											

Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time
	<u>WWTKS 1-3-5</u>		<u>12-16-97</u>	<u>1400</u>

Relinquished By: <u>[Signature]</u>	Date/Time: <u>12-16-97</u> <u>1430</u>	Received By: _____	Date/Time: _____	<b>FOR LABORATORY USE ONLY</b> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special	<b>Method of payment</b> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____
Relinquished By: _____	Date/Time: _____	Received By: <u>[Signature]</u> <u>Columbia Inspection, Inc.</u>	Date/Time: <u>12/16</u> <u>1440</u>		

PERMITTEE NAME/ADDRESS (Include Facility Name, if applicable)  
NAME Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Road  
Portland, OR

FACILITY NW Terminal

LOCATION Multnomah Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

101003  
PERMIT NUMBER

001  
DISCHARGE NUMBER

3077-J

47430

Form approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	11	01		97	11	30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)						

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	22,000		GPD					0	N/A	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				46	48	50	° F	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.8	6.8	6.9	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
Oil & Grease	SAMPLE MEASUREMENT				N.D.	1.6	2.7	MG/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0	10	15				
PHENOLS	SAMPLE MEASUREMENT				.07	.085	.1	MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. Collins, VP  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Amos S. Kameron, Plt. Mgr.  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

503 286-3681  
AREA CODE NUMBER

DATE

97 12 01  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Fourth quarter

EPA Form 3320-1 (08-95) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

cc: J. Holtrop-City of Portland

W.E. Swearingen-KK KII

PAGE OF

1 1

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	<u>Nov.</u>	YEAR	<u>97</u>				
										FLOW							
											<i>Days of Emergency Pumping</i>						
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN	TOTAL	G.P.D.							
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	<i>OF TANKS</i>	<i>80,000/Day</i>	MONTH	<i>All</i>	DISCHARGE						
# OF PUMPINGS	<i>111</i>	<i>111</i>	<i>111</i>	<i>111</i>	<i>111</i>	<i>111</i>											
GALS. PUMPED	<i>135,000</i>	<i>135,000</i>	<i>135,000</i>	<i>135,000</i>	<i>60,000</i>	<i>60,000</i>	<i>660,000</i>	<i>0</i>	<i>30</i>	<i>660,000</i>	<i>22,000</i>						
										SAMPLE CONCENTRATION LEVELS							
										LIMITS							
										MIN	AVG.	MAX	MIN.	AVG.	MAX.	UNIT	
TEMPERATURES	<i>50</i>		<i>46</i>		<i>47</i>							<i>46</i>	<i>48</i>	<i>50</i>	° F		
PH	<i>6.9</i>		<i>6.8</i>		<i>6.8</i>							<i>6.8</i>	<i>6.8</i>	<i>6.9</i>	SU		
OIL & GREASES	<i>NO</i>		<i>2.7</i>		<i>2.0</i>							<i>0</i>	<i>10</i>	<i>15</i>	MG/L		
PHENOLS	<i>.1</i>	<i>.07</i>										<i>0</i>	<i>.5</i>	<i>.7</i>	MG/L		
										QUARTERLY PAH TESTING							
										DATE SAMPLE TAKEN	<i>N/A</i>	RESULTS					
										(MUST BE LESS THAN 1000)							



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 11/26/97

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971651-001-01		11/26/97	1100	TANKS 1-3-5 WASTE WATER GRAB SAMPLE

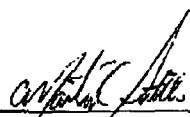
REPORT DATE: 11/28/97

REPORT NUMBER: 971651

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
TANKS 1-3-5 WASTE WATER GRAB SAMPLE						
	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2.0	PPM	2	Gordon L.

REVIEWED BY:

  
Martin Little - Laboratory Manager

WVTKS 1-3-5

11-29-97

6.8 PH

47°F

Koppers002511





# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 11/21/97

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971622-001-01		11/21/97	0700	TANKS 2-4-6 WASTE WATER GRAB SAMPLE

REPORT DATE: 11/25/97

REPORT NUMBER: 971622

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
TANKS 2-4-6 WASTE WATER GRAB SAMPLE						
	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2.7	PPM	2	Gordon L.

REVIEWED BY:

*Martin Little*  
Martin Little - Laboratory Manager

---

11/21/97

WWTLS

24.6

6.8 PH

46°F

---

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 11-21-97 Page 1 of 1

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

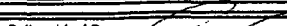
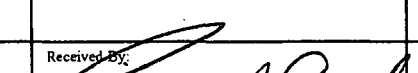
Company Name: Koppers Ind Inc  
Attention: Arnos Kamestra  
Address: 7540 NW St Helens Rd  
Portland, OR 97210  
Phone: (503) 286 3681  
FAX: (503) 285 2831  
Sampler: J Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

<u>Testing Priority</u>	<u>Notification Method(s)</u>
<input type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input type="checkbox"/> Rush	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

[illegible]

Relinquished By: 	Date/Time 11/21/97 0715	Received By:	Date/Time	<u>FOR LABORATORY USE ONLY</u> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special _____	<u>Method of payment</u> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 11/21/97 0715		Amount Paid: \$ _____

Koppers002514

# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 11/12/97

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
-------------	-------------	------	------	-------------

971579-001-01		11/12/97	1100	W W TANKS 1-3-5
---------------	--	----------	------	-----------------

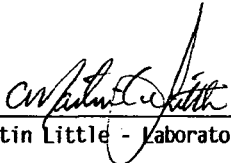
REPORT DATE: 11/18/97

REPORT NUMBER: 971579

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
W W TANKS 1-3-5						
	TOTAL PHENOLICS EPA 420.1	TOTAL PHENOLICS	0.07	PPM	0.05	Dick R.

REVIEWED BY:

  
Martin Little - Laboratory Manager



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 11/10/97

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971567-001-01		11/10/97	1000	TANKS 1-3-5 WASTE WATER GRAB SAMPLE
971567-001-02		11/10/97	1000	TANKS 1-3-5 WASTE WATER GRAB SAMPLE

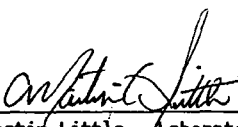
REPORT DATE: 11/18/97

REPORT NUMBER: 971567

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
TANKS 1-3-5 WASTE WATER GRAB SAMPLE						
	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Gordon L.
	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	<0.1	PPM	0.1	Dick R.

REVIEWED BY:

  
Martin Little - Laboratory Manager

11-14-97

6.9 PH

50°F

WWTKS 1-3-5

**Environmental • Petroleum • OR Certified Water Testing**

## CHAIN OF CUSTODY RECORD

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date 11-12-97 Page 1 of 1

Company Name: Koppers Ind Inc  
Attention: Amos Kamerer  
Address: 7540 NW 5th Ave  
Portland OR 97210  
Phone: 503 286 3681  
FAX: 503 286 2931  
Sampler: JJ Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_


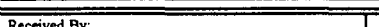
Testing Priority                      Notification Method(s)

☐ Normal                                      ☐ Telephone

☒ Rush    ☐ FAX

Due Date ASAP                      ☐ Mail

[illegible]

Relinquished By: 	Date/Time 11/12/97 1225	Received By:	Date/Time	<b>FOR LABORATORY USE ONLY</b>		<u>Method of payment</u>
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 11/12/97 1225	Inspection Sample Number: _____	PO # _____	<input type="checkbox"/> Credit
				Laboratory Project Number: _____	<input type="checkbox"/> Cash/Check # _____	Amount Paid: \$ _____
				Due Date: _____		
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special _____		

Koppers002518

Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

## Portland Office

7133 North Lombard Street, Portland, OR 97203  
Phone: (503) 286-9464 FAX: (503) 285-7831

Date 11-12-97 Page 1 of 1

Sampler: J. J. Turner ☐ Submitted

Due Date ASAP ☐ Mail

### Analyses To Be Performed

Phenol's  
Oil-Grease

[illegible]

### Method of payment

Sample Disposition: ☐ Normal ☐ Special

Koppers002519





MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	<u>October</u>	YEAR	<u>1997</u>													
										FLOW																
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL																			
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	OF TANKS	80,000/day	DAYS OF Pumping	#DAYS IN MONTH	TOTAL All	G.P.D. DISCHARGE														
# OF PUMPINGS	11	11	11	11	11	11	15																			
GALS. PUMPED	90,000	135,000	90,000	135,000	90,000	60,000	550,000	-		31	550,000	17,742														
										SAMPLE CONCENTRATION LEVELS										LIMITS						
TEMPERATURES	52	54	58	51	50	50	54	53																		
PH	6.9	6.9	7.0	6.8	7.0	6.9	6.9	6.8																		
OIL & GREASES	2.0	12.0	3.2																							
PHENOLS	.09																									
										QUARTERLY PAH TESTING																
										DATE SAMPLE TAKEN										RESULTS						
										9/23/97										14.6						
										Results back										(MUST BE LESS THAN 1000)						

10/2/97



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 10/02/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971364-001-01		10/01/97	1500	WASTE WATER SAMPLE FROM TANKS 2-4-6
971364-001-02		10/01/97	1500	WASTE WATER SAMPLE FROM TANKS 2-4-6


REPORT DATE: 10/03/97

REPORT NUMBER: 971364

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
971364-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2.0	PPM	2	Dick R.
971364-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.09	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

10-1-97

WVTKs 2,4,6

pH 7.8

Temp 58°F

10-6-97  
w/TKS 2/4/c

pH 6.9

54°F

10/2/97

WWTKS 246

L.9 PH

52°5

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 10-1-97 Page 1 of 1

### Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: <u>Koppers Ind Inc.</u> Attention: <u>AMOS KAMMERER</u> Address: <u>7540 NW 5TH AVE</u> <u>PORTLAND, OR 97210</u> Phone: <u>503-286-3681</u> FAX: <u>503-285-2831</u> Sampler: <u>TURNER</u> <input type="checkbox"/> Submitted		Project Name: _____ Project Number: _____ Testing Priority: <input checked="" type="checkbox"/> Rush <input type="checkbox"/> Normal Notification Method(s): <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> Mail Due Date: _____		Analyses To Be Performed <u>Oil-Grease</u> <u>Metals</u>																		
Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time																		
	<u>WWTKS 2-4-5</u>		<u>10/1/97</u>	<u>1500</u>	<u>X</u>	<u>X</u>																

Relinquished By: <u>[Signature]</u>	Date/Time	Received By:	Date/Time	<b>FOR LABORATORY USE ONLY</b> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		<b>Method of payment</b> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____	
Relinquished By:	Date/Time	Received By: <u>[Signature]</u> Columbia Inspection, Inc.	Date/Time: <u>10/2/97</u> <u>1100</u>				



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 10/17/97

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971440-001-01		10/16/97	1600	WASTE WATER TANKS 2-4-6 GRAB SAMPLE


REPORT DATE: 10/21/97

REPORT NUMBER: 971440

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER TANKS 2-4-6 GRAB SAMPLE						
	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	12	PPM	2	Dick R.

REVIEWED BY:

  
Martin Little - Laboratory Manager

COPY



10-23-97

WV 2824/6

PH 6.9

50°F

10/22/97  
w w TKS 2.4.6  
7.0 PH

50°F

10/21/97

2-46 NW TKS

I.8 Ph

51°F

Koppers002531



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 10/29/97

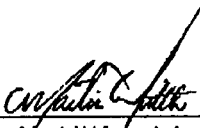
PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971496-001-01		10/29/97	1400	WASTE WATER GRAB SAMPLE FROM TANKS 1-3-5

REPORT DATE: 11/03/97      REPORT NUMBER: 971496      PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE FROM TANKS 1-3-5						
	O&G. TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	3.2	PPM	2	Gordon I.

REVIEWED BY:

  
Martin Little - Laboratory Manager

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

10/31/97

PA 6:8

53°F

**Environmental • Petroleum • OR Certified Water Testing**

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: Koppers Ind  
Attention: Amos Kommerer  
Address: 7540 NW ST Helens Rd.  
Portland Or 97210  
Phone: (503) 286 3681  
FAX: (503) 285 2831  
Sampler: T.J. Turner ☐ Submitted

**Project Name:** \_\_\_\_\_

Project Number: \_\_\_\_\_

Testing Priority	Notification Method(s)
High	Phone call, Email, Text message
Medium	Email, Text message
Low	Email

☐ Normal☐ Telephone☒ Rush☐ FAX

Due Date ☐ Mail

☐ Mail

### Analyses To Be Performed

Oil - Grease

[illegible]

Relinquished By:

Date/Time

Received By:

Date/Time

FOR LABORATORY USE ONLY

Method of payment

Inspection Sample Number: \_\_\_\_\_

PO #

☐ Credit

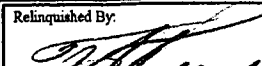
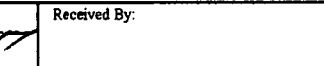
Laboratory Project Number: \_\_\_\_\_

☐ Cash/Check #

**Due Date:**

Amount Paid: \$

Sample Disposition: ☐ Normal ☐ Special

Relinquished By: 	Date/Time 10-29-97	Received By:	Date/Time
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 10/29/97 1430

Koppers002534



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 09/23/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971315-001-01		09/23/97	1300	TANKS 1,3,5 WASTE WATER SAMPLE

REPORT DATE: 10/02/97

REPORT NUMBER: 971315

PAGE: 1 OF 1


SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
971315-001-01	PNAH 2	ACENAPHTHENE	ND	PPM	0.0005	*
	EPA 625 (SIM)	ACENAPHTHYLENE	ND	PPM	0.0005	
		ANTHRACENE	ND	PPM	0.0004	
		BENZO(A)ANTHRACENE	0.0012	PPM	0.00001	
		BENZO(A)PYRENE	0.0025	PPM	0.00001	
		BENZO(B)FLUORANTHENE	0.0025	PPM	0.00004	
		BENZO(GHI)PERYLENE	0.0020	PPM	0.00002	
		BENZO(K)FLUORANTHENE	0.00087	PPM	0.00001	
		CHRYSENE	ND	PPM	0.0001	
		DIBENZO(AH)ANTHRACENE	0.00063	PPM	0.00002	
		FLUORANTHENE	0.0037	PPM	0.0002	
		FLUORENE	0.0012	PPM	0.0002	
		INDENO(1,2,3-CD)PYRENE	ND	PPM	0.00002	
		NAPHTHALENE	ND	PPM	0.001	
		PHENANTHRENE	ND	PPM	0.0002	
		PYRENE	ND	PPM	0.0001	

SURROGATE

Acceptable Recovery

14.6

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

COPY



Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

## Portland Office

Phone: (503) 286-9464 FAX: (503) 285-7831

Date 9-23-97 Page 1 of 1

### Analyses To Be Performed

Attention: Amos Kamper

Address: 7540 NW 51 Helene Rd

Phone: (503) 286 3681

FAX: 503 2852831

Sampler: T.J. Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Testing Priority	Notification Method(s)
------------------	------------------------

☒ Normal

☐ Telephone
**Rush**☐ FAX

Due Date ☐ Mail

 Mail[illegible]

Relinquished By:

Date/Time

Received By:

Date/Time

FOR LABORATORY USE ONLY

Method of payment

Inspection Sample Number: \_\_\_\_\_

PO#

☐ Credit

Laboratory Project Number: \_\_\_\_\_

☐ Cash/Check #

Due Date:

Amount Paid: \$

Sample Disposition: ☐ Normal ☐ Special

Relinquished By: <i>J. Garner</i>	Date/Time: <i>9/24/97</i> <i>0745</i>
-----------------------------------	--

Relinquished By:	Date/Time
------------------	-----------

Received By:

Date/Time

*John J. Lee*  
Columbia Inspection, Inc.

9/24/97  
0745

Koppers002536

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)  
NAME Koppers Industries, Inc.

ADDRESS 7540 NW ST Helens Road  
Portland, OR 97210

FACILITY NW Terminal  
LOCATION Multnomah Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

101003  
PERMIT NUMBER

001  
DISCHARGE NUMBER

3077-J

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	09	01	TO	97	09	30
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	3667		GPD					0	N/A	EST
	PERMIT REQUIREMENT										
TEMP.	SAMPLE MEASUREMENT				58	58	58	F	0	1/30	grab
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.0	7.0	7.0	SU	0	1/30	grab
	PERMIT REQUIREMENT				6.0	-	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				3.7	3.7	3.7	MG/L	0	1/30	grab
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				.10	.10	.10	MG/L	0	1/30	grab
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. Collins, VP

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

Amos S. Kamerer, Plt. Mgr

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503 286-3681

97 10 10

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No PAH third quarter analysis, see the attached note.



Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

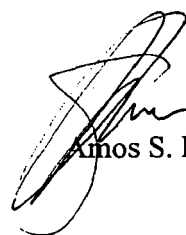
**Amos S. Kamerer**  
*Plant Manager*

Telephone: 503-286-3681  
Fax: 503-285-2831

10/10/97

Note to File:

Confirming my telephone conversation with Elliot Zais on 10/01/97. Due to a laboratory equipment failure, the PAH analysis was not completed until 10/02/97, on a sample taken on 09/25/97. Consequently, the material represented by this sample was not discharged during September as planned, thus no PAH analysis is being reported for the 3rd quarter. The material sampled on 09/25/97 was discharged starting 10/06/97, thus PAH analysis will be reported as the 4th quarter results.



Amos S. Kamerer

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	Sept.	YEAR	97					
										FLOW								
										Days of Pumping								
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN MONTH	TOTAL	G.P.D.								
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	OF TANKS	80,000/Day	121	DISCHARGE								
# OF PUMPINGS		1		1		1												
GALS. PUMPED		45,000		45,000		20,000	110,000	30	110,000	3,667								
										SAMPLE CONCENTRATION LEVELS								
										LIMITS								
										min	avg.	max	MIN.	AVG.	MAX.	UNIT		
TEMPERATURES	58															° F		
PH	7.0															SU		
OIL & GREASES	3.7															MG/L		
PHENOLS	1.0															MG/L		
										QUARTERLY PAH TESTING								
										DATE SAMPLE TAKEN				RESULTS				
														(MUST BE LESS THAN 1000)				



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 09/18/97

PO#:

PROJECT NAME: WW Tks 2,4,6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971287-001-01		09/18/97	1420	Wastewater Grab from Tanks 2-4-6
971287-001-02		09/18/97	1420	Wastewater Grab from Tanks 2-4-6

REPORT DATE: 09/22/97

REPORT NUMBER: 971287

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
971287-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	3.7	PPM	2	Gordon L.
971287-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.10	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

9-18-97

WWTKS 2-4-6

58°F

7.0 pH

Koppers002542

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME **Koppers Industries, Inc.**  
 ADDRESS **7540 NW St. Helens Rd.**  
**Portland, OR 97210**

FACILITY **NW Terminal**  
 LOCATION **Multnomah Co.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**101003**  
 PERMIT NUMBER

**001**  
 DISCHARGE NUMBER

3077-J

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MONITORING PERIOD

FROM 

YEAR	MO	DAY
97	08	01

 TO 

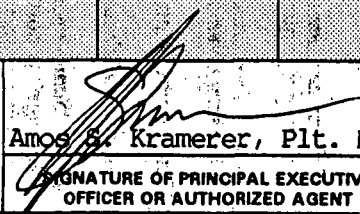
YEAR	MO	DAY
97	08	31

  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	3226		GDP					0	N/A	EST.
	PERMIT REQUIREMENT										
TEMP.	SAMPLE MEASUREMENT				60	60	60	°F	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.2	7.2	7.2	SU	0	1/30	GRAB
	PERMIT REQUIREMENT				6.0	-	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				7.7	7.7	7.7	MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <b>R.D. Collins, VP</b>  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 <b>Amos S. Kramerer, Plt. Mgr.</b> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			503 286-3681	97	09	03

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Koppers002543



MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	<u>Aug</u>	YEAR	<u>1997</u>				
										FLOW		DAYS OF Pumping		#DAYS IN M O N T H		TOTAL G.P.D. DISCHARGE	
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL OF TANKS										
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000											
# OF PUMPINGS	1		1		1		3										
GALS.PUMPED	45,000		45,000		20,000					110,000	31				3226		
										SAMPLE CONCENTRATION LEVELS			LIMITS				
TEMPERATURES	60																
PH	7.2																
OIL & GREASES	7.7																
PHENOLS	ND																
										QUARTERLY PAH TESTING							
										DATE SAMPLE TAKEN			RESULTS				
													(MUST BE LESS THAN 1000)				



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 08/28/97

PO#:

PROJECT NAME: WWTks 1,3,5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
971166-001-01	WW 1,3,5	08/28/97	1105	WWTks 1,3,5 Wastewater Grab
971166-001-02	WW 1,3,5	08/28/97	1105	WWTks 1,3,5 Wastewater Grab

REPORT DATE: 08/29/97

REPORT NUMBER: 971166

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
971166-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	7.7	PPM	2	Gordon L.
971166-001-02	TOTAL PHENOLICS EPA 420.1	TOTAL PHENOLICS	ND	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

8-28-97  
WWTKS 1-3-5  
7.2 PH  
60°F

Koppers002547

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST. HELENS RD.

PORTLAND, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

FACILITY NW TERMINAL

LOCATION MULTNOMAH CO.

MONITORING PERIOD

FROM

YEAR MO DAY  
97 07 01

TO

YEAR MO DAY  
97 07 31

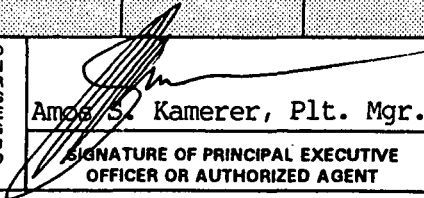
(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	7097		GPD					0	N/A	EST.
	PERMIT REQUIREMENT										
TEMP.	SAMPLE MEASUREMENT				56	57	58	° F	0	2/30	GRAB.
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.9	6.95	7.0	SU	0	2/30	GRAB.
	PERMIT REQUIREMENT				6.0	- - -	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				2.0	2.0	2.0	MG/L	0	2/30	GRAB.
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				.07	.085	.10	MG/L	0	2/30	GRAB.
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)	 Amos S. Kamerer, Plt. Mgr. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
R. D. COLLINS, VP			503	286-3681	97	08	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	July	YEAR	97										
										FLOW			DAYS OF Emergency Pumping										
		WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL			#DAYS IN	TOTAL	G.P.D.										
GLS. PER TANK		45,000	45,000	45,000	45,000	20,000	20,000	OF TANK:	80,000/day		MONTH	1211	DISCHARGE										
# OF PUMPINGS GALS. PUMPED		1	1	1	1	1	1	6	0		31		7097										
												220,000	0,										
										SAMPLE CONCENTRATION LEVELS													
										LIMITS													
										min.	Avg.	max	MIN.	AVG.	MAX.	UNIT							
TEMPERATURES		58	56										56	57	58	° F							
PH		6.9	7.0										6.0	9.0	6.9	6.95	7.0	SU					
OIL & GREASES		2.0	2.0										0	10	15	2.0	2.0	2.0	MG/L				
PHENOLS		.07	.10										0	.5	.7	.07	.09	.10	MG/L				
										QUARTERLY PAH TESTING													
										DATE SAMPLE TAKEN													
										RESULTS													
										(MUST BE LESS THAN 1000)													



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 06/30/97

PO#:

PROJECT NAME: WW Tks 1,3,5 AND 2,4,6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970895-001-01	1,3,5	06/30/97	1145	WW Tks 1,3,5
970895-001-02	1,3,5	06/30/97	1145	WW Tks 1,3,5
970895-002-01	2,4,6	06/30/97	1145	WW Tks 2,4,6
970895-002-02	2,4,6	06/30/97	1145	WW Tks 2,4,6

REPORT DATE: 07/01/97

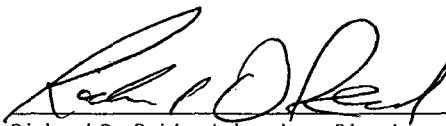
REPORT NUMBER: 970895

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WW Tks 1,3,5						
970895-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2	PPM	2	Gordon L.
970895-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.07	PPM	0.05	Dick R.
WW Tks 2,4,6						
970895-002-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2	PPM	2	Gordon L.
970895-002-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.10	PPM	0.05	Dick R.

ORIGINAL

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

6/30/97  
W WTKS 2,4,6  
5L<sup>0</sup>F  
7.0 PH



5/30/97

WWTKS 1-3-5

58°F

6.9 PH

Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

## Portland Office

7133 North Lombard Street, Portland, OR 97203  
Phone: (503) 286-9464 FAX: (503) 285-7831

Date 6/30/91 Page 1 of 1

Company Name: Keppers Ind Inc  
Attention: Amos Kamerer  
Address: 7540 NW 51 Hwy  
Portland OR 97210  
Phone: (503) 286 3681  
FAX: (503) 285 2831  
Sampler: J. Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_



Testing Priority      Notification Method(s)

☐ Normal      ☐ Telephone

☒ Rush      ☐ FAX

Due Date: ASAP      ☐ Mail

[illegible]

Relinquished By: 	Date/Time 11:50 6/30	Received By:	Date/Time	<u>FOR LABORATORY USE ONLY</u> <u>Method of payment</u>	
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 6/30/97 11:50	Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special	PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____

Koppers002553

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST. HELENS RD.  
PORTLAND, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

FACILITY NW TERMINAL  
LOCATION MULTNOMAH CO.

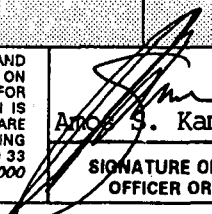
## MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	06	01	97	06	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	3667		GPD					N/A	1/30	EST.
	PERMIT REQUIREMENT										
TEMP.	SAMPLE MEASUREMENT				64	64	64	°F	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.1	7.1	7.1	SU	0	1/30	GRAB
	PERMIT REQUIREMENT				6.0	N/A	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				8.5	8.5	8.5	MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				.24	.24	.24	MG/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)	 Aron S. Kameron, Plt.Mgr.	TELEPHONE		DATE		
R.D. COLLINS, VP TYPED OR PRINTED			503	286-3681	97	07	07
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	<u>June</u>	YEAR	<u>1997</u>				
										FLOW							
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	DAYS OF Pumping OF TANKS	#DAYS IN MONTH	TOTAL	G.P.D.						
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000		<u>80,000/day</u>		<u>All</u>	DISCHARGE						
# OF PUMPINGS	<u>1</u>		<u>1</u>		<u>1</u>		<u>3</u>										
GALS.PUMPED	<u>45,000</u>		<u>45,000</u>		<u>20,000</u>		<u>110,000</u>	<u>—</u>	<u>30</u>	<u>110,000</u>	<u>3,667</u>						
										SAMPLE CONCENTRATION LEVELS				LIMITS			
TEMPERATURES	<u>64</u>									MIN.	AVG.	MAX.	MIN.	AVG.	MAX.	UNIT	
PH	<u>7.1</u>									<u>6.0</u>		<u>9.0</u>	<u>64</u>	<u>64</u>	<u>64</u>	<u>° F</u>	
OIL & GREASES	<u>8.5</u>									<u>0</u>	<u>10</u>	<u>15</u>	<u>8.5</u>	<u>8.5</u>	<u>8.5</u>	<u>SU</u>	
PHENOLS	<u>.24</u>									<u>0</u>	<u>.5</u>	<u>.7</u>	<u>.24</u>	<u>.24</u>	<u>.24</u>	<u>MG/L</u>	
										QUARTERLY PAH TESTING							
										DATE SAMPLE TAKEN				RESULTS			
														(MUST BE LESS THAN 1000)			

Koppers002555



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 06/03/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970774-001-01		06/03/97	1500	WASTE WATER FROM TANKS 1, 3, & 5
970774-001-02		06/03/97	1500	WASTE WATER FROM TANKS 1, 3, & 5

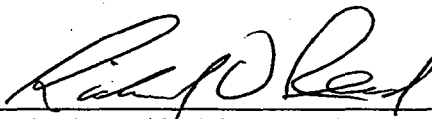
REPORT DATE: 06/05/97

REPORT NUMBER: 970774

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTEWATER FROM TANKS 1,3,5						
970774-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	8.5	PPM	2	Gordon L.
970774-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.24	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

COPY

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002556

6/3/97

WWTKS 1,3,5

64°F

7.1 PH

**Environmental • Petroleum • OR Certified Water Testing**

**Portland Office**

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date 6/1/97 Page 1 of 1

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_



Testing Priority      Notification Method(s)

☐ Normal      ☐ Telephone

☒ Rush      ☐ FAX

Due Date ASAP      ☐ Mail

[illegible]

Relinquished By: 	Date/Time: 6/3/97 1540	Received By:	Date/Time:	<u>FOR LABORATORY USE ONLY</u> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		<u>Method of payment</u> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____
Relinquished By:	Date/Time:	Received By:  Columbia Inspection, Inc.	Date/Time: 6/3/97 1540			

Koppers002558

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)  
NAME **KOPPERS INDUSTRIES, INC.**

ADDRESS **7540 NW ST. HELENS RD**  
**PORTLAND, OR 97210**

FACILITY **NW TERMINAL**

LOCATION **MULTNOMAH CO.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**101003**

PERMIT NUMBER

**001**

DISCHARGE NUMBER

**3077-J**

**47430**

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
**97 05 01 97 05 31**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	10645		GPD					N/A	9/31	EST.
	PERMIT REQUIREMENT										
TEMP.	SAMPLE MEASUREMENT				61	62	62	°F	0	9/31	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.8	6.8	6.9	SU	0	9/31	GRAB
	PERMIT REQUIREMENT				6.0	N/A	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	4.0	9.8	MG/L	0	9/31	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				N.D.	.05	.08	MG/L	0	9/31	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**R.D. COLLINS, VP**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

**And S. Kamerer, Plt. Mgr.**

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

**503**

AREA CODE

**286 3681**

NUMBER

DATE

**97**

YEAR

**06**

MO

**09**

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A "Round Robin" PAH analysis was run between 2 laboratories -- results are attached





## Analytical Data

Koppers Industry

Job Number: 970509Y

Page Number: 2 of 2

Lab Sample ID: 970509Y-1

Field ID: WWTKS 1,3,5

Date/Time: 05/05/97 0900

Matrix: Waste Water

RECEIVED

MAY 22 1997

KOPPERS INDS., INC.  
PORTLAND, OR

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 05/12/97

Analyst: VB

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	50.	ND	ND
Acenaphthylene	50.	ND	ND
Anthracene	5.	ND	ND
Benzo(a)anthracene	0.5	ND	3.4
Benzo(a)pyrene	2.	ND	5.
Benzo(b)fluoranthene	0.5	ND	7.6
Benzo(g,h,i)perylene	2.	ND	8.
Benzo(k)fluoranthene	0.5	ND	2.5
Chrysene	5.	ND	ND
Dibenzo(a,h)anthracene	2.	ND	ND
Fluoranthene	5.	ND	10
Fluorene	25.	ND	ND
Indeno(1,2,3-cd)pyrene	2.5	ND	ND
Naphthalene	25.	ND	ND
Phenanthrene	25.	ND	ND
Pyrene	5.	ND	9.

Results expressed as  $\mu\text{g/l}$  unless otherwise noted.

ND means none detected at or above the detection limit listed.

45.5  $\mu\text{g/L}$

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002560



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/08/97

PO#:

PROJECT NAME: QUARTERLY PAH ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970654-001-01		05/05/97	0930	WASTE WATER GRAB SAMPLE FROM WWTKS 1,3,& 5

REPORT DATE: 05/12/97

REPORT NUMBER: 970654

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE FROM WWTKS 1,3,& 5						
PNAH 1		ACENAPHTHENE	0.0084	PPM	0.00005	Jacob F.
EPA 8270M (SIM)		ACENAPHTHYLENE	0.00026	PPM	0.00005	
		ANTHRACENE	0.0019	PPM	0.00005	
		BENZO(A)ANTHRACENE	0.0076	PPM	0.00005	
		BENZO(A)PYRENE	0.0031	PPM	0.0005	
		BENZO(B)FLUORANTHENE	0.0077	PPM	0.0005	
		BENZO(GHI)PERYLENE	0.0042	PPM	0.0005	
		BENZO(K)FLUORANTHENE	0.0077	PPM	0.0005	
		CHRYSENE	0.0076	PPM	0.00005	
		DIBENZO(AH)ANTHRACENE	<0.0005	PPM	0.0005	
		FLUORANTHENE	0.012	PPM	0.00005	
		FLUORENE	0.0058	PPM	0.00005	
		INDENO(1,2,3-CD)PYRENE	0.0025	PPM	0.0005	
		NAPHTHALENE	0.00035	PPM	0.00005	
		PHENANTHRENE	0.0040	PPM	0.00005	
		PYRENE	0.011	PPM	0.00005	

SURROGATE

OBSCURED %RECOVERY 50%-150%

84.61 ug/L

RECEIVED

MAY 14 1997  
KOPPERS INDS., INC.  
PORTLAND, OR

REVIEWED BY:

Martin Little - Laboratory Manager

COPY

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002561

**Portland Office**

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

CI Form 100 (COC) Rev A

Koppers002562



**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>CUSTOMER NAME -</b>	Name of the company or individual requesting the analysis.
<b>MAILING ADDRESS -</b>	Address of the customer to which the laboratory report and billings should be sent.
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail or transmittal instruction or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer for its internal identification purposes.
<b>REPORTING REQUEST -</b>	
<b>STATE COMPLIANCE -</b>	Applies to report format. <b>MUST BE CHECKED FOR ALL COMPLIANCE WORK REQUESTED</b>
<b>SAMPLE ID -</b>	A short description of the sample point and material to be analyzed (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle or container.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession, etc.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.
<b>AUTHORIZED CUSTOMER SIGNATURE -</b>	Form must be signed by authorized representative of customer.

**TERMS AND CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CUSTOMER are those currently published in the COFFEY Laboratories, Inc. (CLI) standard pricebook unless otherwise agreed in writing by the CUSTOMER and CLI. CUSTOMER must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

The specific format of the goods will be defined by CUSTOMER to CLI upon delivery of the sample(s) to CLI. CLI will analyze samples provided by CUSTOMER as requested by CUSTOMER in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP).

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CUSTOMER as proprietary and confidential. No CUSTOMER information will be released to third persons without the written request of the CUSTOMER.

**LIMITATION OF LIABILITY AND WARRANTY**

CLI gives no warranty, express or implied, or of fitness for a particular purpose, in connection with its analytical testing or reporting. Any liability of CLI to CUSTOMER or any third party shall be limited to the cost of analysis charged to CUSTOMER.

**PAST DUE ACCOUNTS**

CUSTOMER agrees to pay 1½ % per month on all sums past due until paid in full as a service charge and all of CLI's collection costs, including reasonable attorney fees.

**EXPERT TESTIMONY AND COURT APPEARANCES**

In the event CUSTOMER requires the further written opinion or testimony of any employee of CLI, including response to a subpoena issued by CUSTOMER or any third person, CUSTOMER agrees to pay such additional fees and expenses as may be reasonably assessed by CLI.

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

Any disputes arising out of this Agreement or the analytical testing or reporting of CLI shall be settled through mediation and/or arbitration rather than litigation, and the cost of the ADR shall be borne equally by both parties.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CUSTOMER will be construed and interpreted in accordance with the laws for the state of Oregon.



RECEIVED

MAY 22 1997

KOPPERS INDS., INC.  
PORTLAND, OR

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

Report Date: May 16, 1997  
Job Number: 970509Y  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

### Analytical Narrative

The sample was received on 05/09/97 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
970509Y-1	WWTKS 1,3,5	Waste Water	05/05/97	0900

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

TS /atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002565

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	MAY	YEAR	97					
										FLOW								
										DAYS OF Pumping 80,000/Day								
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN	TOTAL	G.P.D.								
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	OF TANKS	MONTH	ALL	DISCHARGE								
# OF PUMPINGS	1	11	1	11	1	11	9											
GALS. PUMPED	45,000	90,000	45,000	90,000	20,000	40,000		31	330,000	10,645								
										SAMPLE CONCENTRATION LEVELS				LIMITS				
											MIN	AVG.	MAX	MIN.	AVG.	MAX.	UNIT	
TEMPERATURES	62	62	61								6.0		9.0	6.1	6.2	6.2	° F	
PH	6.8	6.8	6.9								0	10	15	6.8	6.8	6.9	SU	
OIL & GREASES	9.8	10	2.1								0			10	4.0	9.8	MG/L	
PHENOLS	10	10.8	10.7								0	.5	.7	10	.05	.08	MG/L	
										QUARTERLY PAH TESTING								
										DATE SAMPLE TAKEN				RESULTS				
														(MUST BE LESS THAN 1000)				



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/30/97

PO#:

PROJECT NAME: WWTks 2,4,6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970616-001-01		04/30/97	1130	Wastewater Grab from Tanks 2,4,6
970616-001-02		04/30/97	1130	Wastewater Grab from Tanks 2,4,6

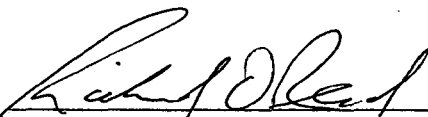
REPORT DATE: 05/01/97

REPORT NUMBER: 970616

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WWTks 2,4,6						
970616-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	9.8	PPM	2	Dick R.
970616-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

ORIGINAL



4/30/97

WWTKS 2,46

PH 6.8

T. 62°F

**Environmental • Petroleum • OR Certified Water Testing**

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Sampler: J. Turner ☐ Submitted

Due Date 5-1-97 ☐ Mail

### Analyses To Be Performed

[illegible]

Date/Time:

Received By:   
Columbia Inspection, Inc.

Date/Time 4/30/57  
1330

FOR LABORATORY USE ONLY

### Method of payment

PO #

☐ Credit☐ Cash/Check #

**Due Date:**

Amount Paid: \$

Sample Disposition ☐ Normal ☐ Special

Koppers002569



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/05/97

PO#:

PROJECT NAME: TANKS 1, 3, & 5 WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970634-001-01		05/05/97	0930	TANKS 1, 3, & 5 WASTE WATER GRAB SAMPLE
970634-001-02		05/05/97	0930	TANKS 1, 3, & 5 WASTE WATER GRAB SAMPLE

REPORT DATE: 05/06/97

REPORT NUMBER: 970634

PAGE: 1 OF 1

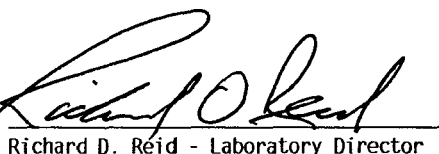
SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970634-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Gordon L.
970634-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.08	PPM	0.05	Dick R.

RECEIVED

MAY - 8 1997

KOPPERS INDS., INC.  
PORTLAND, OR

REVIEWED BY

  
Richard D. Reid - Laboratory Director

ORIGINAL

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002570

5/5/97  
W W Tks  
135  
, ,

62°F  
6.8 PH

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 5/5/97 Page 1 of 1

### Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: Koppers Ind Inc  
Attention: Angel Kopper  
Address: 7540 NW ST Helens Rd  
Portland, Or 97210  
Phone: (503) 2863681  
FAX: (503) 2862831  
Sampler: TJ Turner ☐ Submitted

Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Testing Priority ☐ Normal ☒ Rush  
Notification Method(s) ☐ Telephone ☐ FAX ☐ Mail  
Due Date 5/6/97

Analyses To Be Performed											
Oil/Grease	Phenols										

Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time
	<u>WW TKS 1, 3, 5</u>		<u>5/5/97</u>	<u>0930</u>

Relinquished By: <u>TJ Turner</u>	Date/Time: <u>5/5/97</u> <u>1100</u>	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: <u>[Signature]</u> Columbia Inspection, Inc.	Date/Time: <u>5/5/97</u> <u>1140</u>

**FOR LABORATORY USE ONLY**

Inspection Sample Number: \_\_\_\_\_ PO # \_\_\_\_\_  
Laboratory Project Number: \_\_\_\_\_ ☐ Credit ☐ Cash/Check # \_\_\_\_\_  
Due Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
Sample Disposition: ☐ Normal ☐ Special



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 05/28/97

PO#:

PROJECT NAME: WWTks 2-4-6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970734-001-01		05/28/97	1610	Wastewater Grab WWTks 2-4-6
970734-001-02		05/28/97	1610	Wastewater Grab WWTks 2-4-6

REPORT DATE: 05/29/97

REPORT NUMBER: 970734

PAGE: 1 OF 1


SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970734-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2.1	RPM	2	Gordon L.
970734-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.07	PPM	0.05	Dick R.

## RECEIVED

JUN - 2 1997

KOPPERS INDS., INC.  
PORTLAND, OR

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

COPY

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002573

Laboratory • Inspection • Tank Calibration

## CHAIN OF CUSTODY RECORD

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Project Name: WWTK 2-4-6



Project Number: \_\_\_\_\_

Testing Priority                      Notification Method(s)

<input type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

### Analyses To Be Performed

[illegible]

Relinquished By: 	Date/Time 5/28/97 1615	Received By:	Date/Time	<u>FOR LABORATORY USE ONLY</u>		<u>Method of payment</u>
				Inspection Sample Number: _____	PO # _____	<input type="checkbox"/> Credit
				Laboratory Project Number: _____	<input type="checkbox"/> Cash/Check # _____	
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 5/28/97 1615	Due Date: _____	Amount Paid: \$ _____	
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special _____		

Koppers002574

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS INDUSTRIES, INC.  
 ADDRESS 7540 NW ST. HELENS RD  
PORTLAND, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J  
47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

FACILITY NORTHWEST TERMINAL

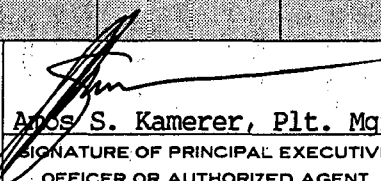
LOCATION MULTNOMAH CO.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	04	01		97	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	14,667		GPD					N/A	12/30	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				54	57	59	F°	0	12/30	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
pH	SAMPLE MEASUREMENT				6.9	7.0	7.1	SU	0	12/30	GRAB
	PERMIT REQUIREMENT				6.0	N/A	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	1.6	3.8	mg/L	0	12/30	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				N.D.	.08	.17	mg/L	0	12/30	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 S. Kamerer, Plt. Mgr. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
R.D. COLLINS, V.P. TYPED OR PRINTED			503 286 3681	97 05 05	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SECOND QUARTER PAH RESULTS ARE ATTACHED





# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/16/97

PO#:

PROJECT NAME: WW Tanks 1-3-5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970550-001-01		04/14/97		Wastewater Grab from Tanks 1-3-5

REPORT DATE: 04/16/97

REPORT NUMBER: 970550

PAGE: 1 OF 1


SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970550-001-01	PNAH 2	ACENAPHTHENE	0.009	PPM	0.007	*
	EPA 625 (SIM)	ACENAPHTHYLENE	0.020	PPM	0.010	
		ANTHRACENE	ND	PPM	0.001	
		BENZO(A)ANTHRACENE	ND	PPM	0.005	
		BENZO(A)PYRENE	ND	PPM	0.01	
		BENZO(B)FLUORANTHENE	ND	PPM	0.0001	
		BENZO(GHI)PERYLENE	ND	PPM	0.0004	
		BENZO(K)FLUORANTHENE	ND	PPM	0.0003	
		CHRYSENE	ND	PPM	0.001	
		DIBENZO(AH)ANTHRACENE	ND	PPM	0.0004	
		FLUORANTHENE	0.022	PPM	0.001	
		FLUORENE	0.004	PPM	0.001	
		INDENO(1,2,3-CD)PYRENE	ND	PPM	0.001	
		NAPHTHALENE	ND	PPM	0.006	
		PHENANTHRENE	0.008	PPM	0.001	
		PYRENE	ND	PPM	0.001	

SURROGATE

ACCEPTABLE % RECOVERY

63

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

						MONTH	<u>April</u>	YEAR	<u>97</u>								
						FLOW											
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	DATE OF CONNECTION PUMPING OF TANKS	#DAYS IN MONTH	TOTAL ALL	G.P.D. DISCHARGE						
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	0.2 TANKS	80,000/Day									
# OF PUMPINGS	11	11	11	11	11	11	12										
GALS. PUMPED	90,000	✓	✓	✓	90,000	✓		440,000	30		14,667						
SAMPLE CONCENTRATION LEVELS																	
	LIMITS																
									min. avg. max.			MIN.	AVG.	MAX.	UNIT		
TEMPERATURES	54	56	57	59										54	57	59	° F
PH	7.1	7.0	6.9	7.1										6.0	7.0	7.1	SU
OIL & GREASES	3.8	ND	ND	2.6										0	10	15	MG/L
PHENOLS	.17	.14	ND	ND										0	.5	.7	MG/L
QUARTERLY PAH TESTING																	
DATE SAMPLE TAKEN						<u>4/14/97</u>		RESULTS		<u>63</u>							
(MUST BE LESS THAN 1000)																	



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/31/97

PO#:

PROJECT NAME: WW Tanks 2-4-6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
-------------	-------------	------	------	-------------

970461-001-01		03/31/97		WW Tanks 2-4-6 Grab
970461-001-02		03/31/97		WW Tanks 2-4-6 Grab

REPORT DATE: 04/01/97

REPORT NUMBER: 970461

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970461-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	3.8	PPM	2	Dick R.
970461-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.17	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

WW TKS 2, 4, 6

3/31/97

7.1 PA

54°F

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

### Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: Koppers Ind Inc.  
 Attention: Amos Kamerer  
 Address: 7540 NW 5th Helens Rd  
Portland, OR 97210  
 Phone: (503) 286 3681  
 FAX: (503) 285 2831  
 Sampler: TJ TURNER ☐ Submitted

Project Name: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Testing Priority ☐ Normal ☒ Rush  
 Notification Method(s) ☐ Telephone ☐ FAX ☐ Mail  
 Due Date ASAP

Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time	Analyses To Be Performed											
	<u>WWTLS 2-4-6</u>				<u>Phenols</u> <u>P.I.-Grease</u> <u>X</u>											

Relinquished By: <u>[Signature]</u>	Date/Time: <u>3/31/97</u> <u>1300</u>	Received By: <u>[Signature]</u>	Date/Time: <u>5/5/97</u> <u>1500</u>	<b>FOR LABORATORY USE ONLY</b> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		<b>Method of payment</b> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____	
Relinquished By: _____	Date/Time: _____	Received By: <u>[Signature]</u> Columbia Inspection, Inc.	Date/Time: _____				



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/14/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970536-001-01		04/14/97		WASTE WATER GRAB SAMPLE FROM TANKS 1, 3, & 5
970536-001-02		04/14/97		WASTE WATER GRAB SAMPLE FROM TANKS 1, 3, & 5


REPORT DATE: 04/15/97

REPORT NUMBER: 970536

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970536-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Dick R.
970536-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.14	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

RECEIVED

APR 21 1997

KOPPERS INDS. INC.  
PORTLAND, OR

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002581

4/14/97

WWTks 1-3-5

5L° F

7.0 PH

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 4/14/97 Page 1 of 1

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: Koppers Ind  
 Attention: Amos Kameron  
 Address: 7540 NW 5th Ave  
Portland OR 97210  
 Phone: ( ) 286 3681  
 FAX: ( ) 285 2831  
 Sampler: TJ Turner ☐ Submitted

Project Name: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Testing Priority: ☐ Normal ☒ Rush  
 Notification Method(s): ☐ Telephone ☐ FAX ☐ Mail  
 Due Date: Asap

Analyses To Be Performed											
Oil/Grease											

Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time
	<u>WW Trs 1, 3, 5</u>			

Relinquished By: <u>[Signature]</u>	Date/Time: <u>4/14/97</u> <u>1400</u>	Received By: <u>[Signature]</u>	Date/Time: <u>4/14/97</u> <u>1400</u>	<b>FOR LABORATORY USE ONLY</b> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		<b>Method of payment</b> PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid: \$ _____	
Relinquished By:	Date/Time:	Received By: <u>[Signature]</u> <u>Columbia Inspection, Inc.</u>	Date/Time: <u>4/14/97</u> <u>1400</u>				

Koppers002583





# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/14/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970541-002-01		04/14/97		WASTE WATER GRAB SAMPLE FROM TANKS 2, 4, & 6
970541-002-02		04/14/97		WASTE WATER GRAB SAMPLE FROM TANKS 2, 4, & 6

REPORT DATE: 04/16/97

REPORT NUMBER: 970541

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE FROM TANKS 2, 4, & 6						
970541-002	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Dick R.
	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid- Laboratory Director

4/14/97

WW TKS 2-4-6

57°F

6.9 PH

# Columbia Inspection, Inc.

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Testing

## CHAIN OF CUSTODY RECORD

Date 4/14/97 Page 1 of 1

### Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Company Name: <u>Koppers Ind Inc.</u> Attention: <u>Amos Kammerer</u> Address: <u>7540 NW 5th Helens Rd</u> <u>Portland OR</u> Phone: <u>503, 286 3681</u> FAX: <u>503, 285 2831</u> Sampler: <u>TJ Turner</u> <input type="checkbox"/> Submitted		Project Name: _____ Project Number: _____ Testing Priority <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Rush Notification Method(s) <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> Mail Due Date <u>ASAP</u>		Analyses To Be Performed <u>Oil/Grease</u> <u>Phenols</u> <u>P.A.H.</u>														
Sample id #	Sample Description	Sample Matrix	Sample Date	Sample Time														
	<u>WWTKS 1,3,5</u>																	
	<u>WWTKS 2,4,6</u>																	

Relinquished By: <u>TJ Turner</u>	Date/Time: <u>1536</u> <u>4/14/97</u>	Received By: _____	Date/Time: _____	<b>FOR LABORATORY USE ONLY</b> Inspection Sample Number: _____ Laboratory Project Number: _____ Due Date: _____ Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		Method of payment PO # _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____ Amount Paid \$ _____
Relinquished By: _____	Date/Time: _____	Received By: <u>Rufus</u> Columbia Inspection, Inc.	Date/Time: <u>4/14/97</u> <u>1550</u>			



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 04/22/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS FROM TANKS 1,3, & 5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970585-001-01		04/23/97	0900	WASTE WATER GRAB SAMPLE FROM TANKS 1.3, & 5
970585-001-02		04/23/97	0900	WASTE WATER GRAB SAMPLE FROM TANKS 1.3, & 5

REPORT DATE: 04/24/97

REPORT NUMBER: 970585

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970585-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	2.6	PPM	2	Dick R.
970585-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

ORIGINAL

4/23/97

WWTKS 1,3,5

7.1 PH

59°F

Koppers002589

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **KOPPERS IND. INC.**

ADDRESS **7540 NW ST HELENS RD  
PORTLAND, OR 97210**

FACILITY **NORTHWEST TERMINAL**

LOCATION **MULTNOMAH CO.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
97 03 01 97 03 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	17,742		GPD					N/A	15/31	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				48	50	53	°F	0	15/31	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
pH	SAMPLE MEASUREMENT				6.9	7.1	7.3	SU	0	15/31	GRAB
	PERMIT REQUIREMENT				6.0	—	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	3.2	6.8	mg/L	0	15/31	GRAB
	PERMIT REQUIREMENT				0	10	15				
PHENOLS	SAMPLE MEASUREMENT				.05	.17	.15	mg/L	0	15/31	GRAB
	PERMIT REQUIREMENT				0	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.D. COLLINS, V.P.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Amos Kamerer, Plt. Mgr.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

503-286-3681

AREA  
CODE

NUMBER

DATE

97 04 17

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

first quarter PAH test results are attached, SEE LETTER ATTACHED



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/06/97

PO#:

PROJECT NAME: WASTE WATER TANKS 1-3-5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970317-001-01		03/06/97	0800	WASTE WATER GRAB SAMPLE
970317-001-02		03/06/97	0800	WASTE WATER GRAB SAMPLE
970317-001-03		03/06/97	0800	WASTE WATER GRAB SAMPLE

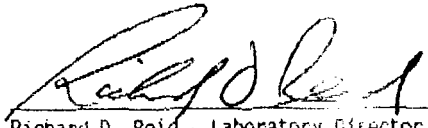
REPORT DATE: 03/13/97

REPORT NUMBER: 970317

PAGE: 1 OF 2

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970317-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	5.1	PPM	2	Dick R.
970317-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	.051	PPM	0.05	Dick R.
970317-001-03	PNAH 1 EPA 8270M (SIM)	ACENAPHTHENE	0.0091	PPM	0.00005	Jacob F.
		ACENAPHTHYLENE	0.0010	PPM	0.00005	
		ANTHRACENE	0.013	PPM	0.00005	
		BENZO(A)ANTHRACENE	0.45	PPM	0.00005	
		BENZO(A)PYRENE	0.25	PPM	0.0005	
		BENZO(B)FLUORANTHENE	0.024	PPM	0.0005	
		BENZO(GHI)PERYLENE	0.23	PPM	0.0005	

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

COPY

Columbia Inspection, Inc. 7133 N Lombard St. - Portland, OR 97203 (503) 286-9464 Fax (503) 286-5355

Koppers002591



# CERTIFICATE OF ANALYSIS

REPORT DATE: 03/13/97

REPORT NUMBER: 970317

PAGE: 2 OF 2

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION	ANALYST
					LIMIT	
970317-001-03	PNAH 1 EPA 8270M (SIM)	BENZO(K)FLUORANTHENE	0.20	PPM	0.0005	Jacob F.
		CHRYSENE	0.055	PPM	0.00005	
		DIBENZO(AH)ANTHRACENE	0.057	PPM	0.0005	
		FLUORANTHENE	0.13	PPM	0.00005	
		FLUORENE	0.0085	PPM	0.00005	
		INDENO(1,2,3-CD)PYRENE	0.057	PPM	0.0005	
		NAPHTHALENE	0.00096	PPM	0.00005	
		PHENANTHRENE	0.058	PPM	0.00005	
		PYRENE	0.11	PPM	0.00005	
		SURROGATE	94%	%RECOVERY	50%-150%	

7.65356

COPY

3/5/96  
WWTKS 1-3-5

6.9 PH

48°F

Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

Date 3/6/97 Page 1 of 1

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

[illegible]

Koppers002594



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/10/97

PO#:

PROJECT NAME: Wastewater Tank Tests

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970336-001-01		03/10/97	1200	WW tks 1-3-5
970336-001-02		03/10/97	1200	WW tks 1-3-5

REPORT DATE: 03/20/97

REPORT NUMBER: 970336

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST/DATE
970336-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Dick R. 03/14/97
970336-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.05	PPM	0.05	Dick R. 03/13/97

REVIEWED BY:

Richard D. Reid - Laboratory Director

3/10/97

50°F

7.1 PAH

WWTKS 1-3-5

Koppers002597



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/14/97

PO#:

PROJECT NAME: WWTks 2,4,6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970364-001-01	WWT 2,4,6	03/13/97	1430	Wastewater Grab
970364-001-02	WWT 2,4,6	03/13/97	1430	Wastewater Grab

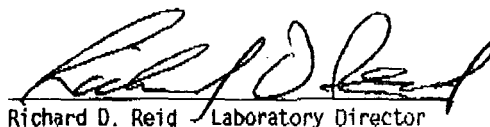
REPORT DATE: 03/20/97

REPORT NUMBER: 970364

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970364-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Dick R.
970364-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.14	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid Laboratory Director

3/13/97

7.2 PH

51°F

W WTKS 2,4,6



Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_



Company Name: Koppers Ind Inc  
Attention: Amos Kameron  
Address: 7540 NW St Helens Rd  
Portland, OR 97210  
Phone: (503) 2863681  
FAX: (503) 2852831  
Sampler: TJ Turner ☒ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

<u>Testing Priority</u>	<u>Notification Method(s)</u>
<input type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

Analyses To Be Performed	
Phenols	X
Oil Grease	X

Relinquished By: 	Date/Time 3/13/97 15 30	Received By:	Date/Time	FOR LABORATORY USE ONLY		Method of payment	
Relinquished By:	Date/Time	Received By:  Columbia Inspection, Inc.	Date/Time 3/13/97 15 30	Inspection Sample Number: _____	PO # _____	<input type="checkbox"/> Credit	
				Laboratory Project Number: _____	<input type="checkbox"/> Cash/Check # _____		
				Due Date: _____	Amount Paid: \$ _____		
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special			

Koppers002600



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/19/97

PO#:

PROJECT NAME: WW Tks 1,3,5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970401-001-01		03/19/97	1400	Wastewater Grab from Tanks 1,3,5
970401-001-02		03/19/97	1400	Wastewater Grab from Tanks 1,3,5


REPORT DATE: 03/20/97

REPORT NUMBER: 970401

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970401-001-01	O&G. TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	4.1	PPM	2	Dick R.
970401-001-02	PHENOLS. TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.08	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid - Laboratory Director

3/19/97

W W Tks

1-3-5

50 °F

7.0 PH

Laboratory • Inspection • Tank Calibration  
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Date 3/19/97 Page 1 of 1

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

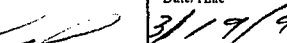

Company Name: Koppers Ind Inc  
Attention: Amos Kanerer  
Address: 7540 NW 51st Ht. NW Rd.  
Portland, OR 97210  
Phone: (503) 284-3681  
FAX: (503) 285-2834  
Sampler: TJ Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

<u>Testing Priority</u>	<u>Notification Method(s)</u>
<input type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> High	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

[illegible]

Relinquished By:	Date/Time	Received By:	Date/Time	<u>FOR LABORATORY USE ONLY</u>		<u>Method of payment</u>
	3/19/97			Inspection Sample Number: _____	PO # _____	
Relinquished By:	Date/Time	Received By:	Date/Time	Laboratory Project Number: _____	<input type="checkbox"/> Credit <input type="checkbox"/> Cash/Check # _____	
		 Columbia Inspection, Inc.	3/19/97 16'5"	Due Date: _____	Amount Paid: \$ _____	
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special _____		

Koppers002603



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 03/07/97

PO#:

PROJECT NAME: WW Tanks 2,4, &6

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970326-001-01		03/07/97	0800	Wastewater Grab from Tanks 2,4, & 6
970326-001-02		03/07/97	0800	Wastewater Grab from Tanks 2,4, & 6

REPORT DATE: 03/07/97

REPORT NUMBER: 970326

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970326-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	6.8	PPM	2	Dick R.
970326-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.093	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

ORIGINAL

2/7/97

WWTKS 2, 4, 6

7.3 Ph

53°F

Laboratory • Inspection • Tank Calibration  
Environmental • Petroleum • OR Certified Water Testing

Date 3/7/97 Page 1 of 1

Phone: (503) 286-9464 FAX: (503) 285-7831



Company Name: Koppers Ind Inc.  
Attention: Amos Kameron  
Address: 7540 NW 51st Ave  
Portland  
Phone: (503) 286 3681  
FAX: (503) 285 2831  
Sampler: T.J. Turner ☐ Submitted

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

<u>Testing Priority</u>	<u>Notification Method(s)</u>
<input type="checkbox"/> Normal	<input type="checkbox"/> Telephone
<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> FAX
Due Date _____	<input type="checkbox"/> Mail

[illegible]

Relinquished By:	Date/Time	Received By:	Date/Time	<b>FOR LABORATORY USE ONLY</b>		<b>Method of payment</b>
	3/7/97			Inspection Sample Number: _____	PO # _____	<input type="checkbox"/> Credit
Relinquished By:	Date/Time	Received By:	Date/Time	Laboratory Project Number: _____	<input type="checkbox"/> Cash/Check # _____	<input type="checkbox"/>
		 Columbia Inspection, Inc.	3/7/97 10 <sup>05</sup>	Due Date: _____	Amount Paid: \$ _____	<input type="checkbox"/>
				Sample Disposition: <input type="checkbox"/> Normal <input type="checkbox"/> Special		

Koppers002606

## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

										MONTH	<u>March</u>	YEAR	<u>97</u>																
										FLOW																			
										GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000	TOTAL OF TANKS	80,000/day	DAYS OF Emergency Pumping	#DAYS IN MONTH	31	TOTAL	550,000	G.P.D. DISCHARGE	17,742				
										# OF PUMPINGS	111	11	111	11	111	11	15												
										GALS. PUMPED	135,000	90,000	135,000	90,000	60,000	40,000													
										SAMPLE CONCENTRATION LEVELS										LIMITS									
																				MIN.	AVG.	MAX.	MIN.	AVG.	MAX.	UNIT			
										TEMPERATURES	48	53	50	51	50									48	50	53	° F		
										PH	6.9	7.3	7.1	7.2	7.0								6.9	7.1	7.3	SU			
										OIL & GREASES	5.1	6.8	N.D.	N.D.	4.1							N.D.	3.2	6.8	MG/L				
										PHENOLS	.5	.09	.05	.14	.08							.05	.17	.15	MG/L				
										QUARTERLY PAH TESTING																			
										DATE SAMPLE TAKEN										3	6	1	97	RESULTS					
																				(MUST BE LESS THAN 1000)									



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME KOPPERS INDUSTRIES, INC.  
ADDRESS 7540 NW ST. HELENS RD.  
PORTLAND, OR 97210  
FACILITY NORTHWEST PLANT  
LOCATION MULTNOMAH CO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
97	02	01	97	02	28			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	7857		GPD					6/28	EST.
	PERMIT REQUIREMENT								10/31	
TEMP.	SAMPLE MEASUREMENT				48	50	51	OF	6/28	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A			
PH	SAMPLE MEASUREMENT				7.1	7.2	7.2	SU	6/28	GRAB
	PERMIT REQUIREMENT				6.0		9.0			
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	1.5	3.0	MG/L	6/28	GRAB
	PERMIT REQUIREMENT					10	15			
PHENOLS	SAMPLE MEASUREMENT				.07	.10	.12	MG/L	6/28	GRAB
	PERMIT REQUIREMENT					.5	.7			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
A.S. KAMERER <i>/plant mgr.</i>		503, 286-3681	97	03	04
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/12/97

PO#:

PROJECT NAME: WW 1.3.5

CI SAMPLE #	CLIENTS ID#	DATE	TIME	DESCRIPTION
970211-001-01	WW 1.3.5	02/12/97	1300	Wastewater Grab
970211-001-02	WW 1.3.5	02/12/97	1300	Wastewater Grab

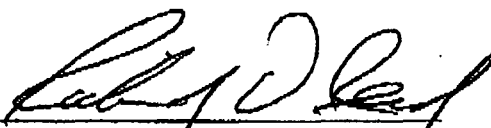
REPORT DATE: 02/14/97

REPORT NUMBER: 970211

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WW 1.3.5						
970211-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	3.0	PPM	2	Dick R.
970211-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.07	PPM	0.05	Dick R.

REVIEWED BY:

  
Richard D. Reid Laboratory Director



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 285-2831

DATE SUBMITTED: 02/21/97

PO#:

PROJECT NAME: WASTE WATER ANALYSIS FOR TANKS 2,4, &6

CI SAMPLE #	CLIENTS TO#	DATE	TIME	DESCRIPTION
970252-001-01	WW 2,4 & 6	02/20/97	1530	WASTE WATER GRAB SAMPLE
970252-001-02	WW 2,4 & 6	02/20/97	1530	WASTE WATER GRAB SAMPLE

REPORT DATE: 02/27/97

REPORT NUMBER: 970252

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
970252-001-01	O&G, TOTAL, GRAV EPA 413.1/9070	TOTAL OIL & GREASE	ND	PPM	2	Dick R.
970252-001-02	PHENOLS, TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.12	PPM	0.05	Dick R.

REVIEWED BY:

Richard D. Reid - Laboratory Director

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

MONTH <u>Feb.</u> YEAR <u>97</u>																			
FLOW										DAYS OF Emergency Pumping		#DAYS IN		TOTAL		G.P.D.			
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	OF TANKS	80,000/day	MONTH	ALL	DISCHARGE							
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000													
# OF PUMPINGS	1	1	1	1	1	1													
GALS. PUMPED	45	45	45	45	20	20	229,000	28				7,857							
SAMPLE CONCENTRATION LEVELS																			
TEMPERATURES	48	51														MIN.	AVG.	MAX.	UNIT
PH	7.2	7.1														48	50	51	° F
OIL & GREASES	2.0	N.D.														N.D.	1.5	3.0	SU
PHENOLS	.07	.12														.07	.10	.12	MG/L
QUARTERLY PAH TESTING																			
DATE SAMPLE TAKEN <u>N/A</u>										RESULTS									
(MUST BE LESS THAN 1000)																			

Koppers002611

2/21/97

WWTKS 2-4-6

51°F

7.1 PH

Koppers002613

2/12/97  
WW 1, 3, 5

48°F

7.2 PH

Koppers002615



# KOPPERS INDUSTRIES

Koppers Industries, Inc.  
7540 N.W. St. Helens Road  
Portland, OR 97210-3663

**Amos S. Kamerer**  
Plant Manager

Telephone: 503-286-3681  
Fax: 503-285-2831

February 24, 1997

Mr. Neil J. Mullane, Manager  
Water Quality Source Control  
D.E.Q.  
2020 SW Fourth Ave., Suite 400  
Portland, Oregon 97201-4987

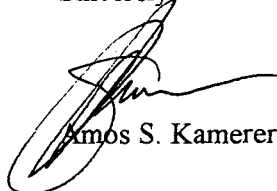
Reference: Facility No. 47430  
WQ-NWR-97-002  
Notice of Noncompliance

Dear Mr. Mullane,

This is to acknowledge your January 22, 1997 Notice of Noncompliance.

I simply wanted to confirm our inadvertent error and to assure you that we have taken measures to make sure that this does not happen again.

Sincerely,



Amos S. Kamerer

cc: Elliot Zais, DEQ  
W. E. Swearingen, KII ✓

22 January 1997

Oregon

AMOS S KAMERER  
PLANT MANAGER  
KOPPERS INDUSTRIES INC  
7540 NW ST HELENS RD  
PORTLAND OR 97210

RECEIVED

JAN 27 1997

KOPPERS INDS., INC.  
PORTLAND, OR

DEPARTMENT OF  
ENVIRONMENTAL  
QUALITY

NORTHWEST REGION

Re: WQ-Multnomah County  
Koppers Industries, Inc..  
Facility No. 47430  
WQ-NWR-97-002  
**NOTICE OF NONCOMPLIANCE**

Dear Mr. Kamerer:

A review of your facility's discharge monitoring report for November 1996 shows that the following exceedences occurred at the above facility in November 1996:

Maximum phenol concentration in effluent 0.86 mg/L (allowable is 0.7 mg/L)

Average phenol concentration in effluent 0.52 mg/L (allowable is 0.5 mg/L)

The above exceedence is a Class II violation of your NPDES permit. Oregon Administrative Rule 340-12-041(2)(c) provides that a permittee shall not receive more than three NONs for Class II violations of the same permit within a thirty-six (36) month period without being issued a more formal enforcement action called a Notice of Permit Violation (NPV). The Department may, however, issue an NPV prior to the third NON. The Department requests your cooperation in ensuring that this violation does not recur.

If the Department can be of any help in preventing further violations, please call Elliot Zais at 229-5292.

Sincerely,

*Neil J. Mullane*

Neil J. Mullane, Manager  
Water Quality Source Control

John A. Kitzhaber  
Governor



EJZ

cc: WQ  
Enforcement

Post-It™ brand fax transmittal memo 7671		# of pages ▶
To	B. SWEARINGEN	1
Co.	K-1800	
Re:	CALL AND I'LL EXPLAIN	
From	Amos	
City	Portland	
Phone		
Fax		0 1/31/97

2020 SW Fourth Avenue  
Suite 400  
Portland, OR 97201-4987  
(503) 229-5263 Voice  
TTY (503) 229-5471

DEQ-1

Koppers002617

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME KOPPERS IND., INC.

ADDRESS 7540 NW ST. HELENS RD.

PORTLAND, OR 97210

FACILITY NW PLANT

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

001

DISCHARGE NUMBER

3077-J

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	32,903		GPD					N/A	16/31	EST.
	PERMIT REQUIREMENT										
TEMP	SAMPLE MEASUREMENT				44	45	46	°F	0	16/31	GRAB
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT				7.0	7.1	7.2	SU	0	16/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				3.0	6.5	10.0	Mg/L	0	16/31	GRAB
	PERMIT REQUIREMENT				0	10	15				
PHENOLS	SAMPLE MEASUREMENT				.05	.10	.14	Mg/L	0	16/31	GRAB
	PERMIT REQUIREMENT				0	.5	.1				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	A.S. HAMERER, PLT. MGR. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
R.D. COLLINS, VP TYPED OR PRINTED			503 286-3681	97	02	03
			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

												MONTH <u>JAN.</u>		YEAR <u>97</u>																																	
												FLOW		DAYS OF <u>Emergency</u> Pumping		#DAYS IN		TOTAL		G.P.D.																											
												WWT-1		WWT-2		WWT-3		WWT-4		WWT-5		WWT-6		TOTAL		MONTH		TOTAL		G.P.D.																	
												GLS. PER TANK		45,000		45,000		45,000		45,000		20,000		20,000		OF TANKS		12,000/Day		12		12		DISCHARGE													
												# OF PUMPINGS		1		1		1		1		1		1		6		10				16															
												GALS. PUMPED		45,000		45,000		45,000		45,000		20,000		20,000		220,000		800,000		31		1,020,000		32,903													
												SAMPLE CONCENTRATION LEVELS																																			
												TEMPERATURES		44		46																				MIN.		44		45		46		UNIT			
												PH		7.0		7.2																				7.0		7.1		7.2		°F					
												OIL & GREASES		10		3																				3		6.5		10		SU					
												PHENOLS		.14		.05																				.05		.10		.14		MG/L					
												QUARTERLY PAH TESTING																																			
												DATE SAMPLE TAKEN												1		1														RESULTS							
																																												(MUST BE LESS THAN 1000)			



# CERTIFICATE OF ANALYSIS

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 286-3631

DATE SUBMITTED: 01/28/97

PO#:

PROJECT NAME:

CI SAMPLE #	WWT ID#	DATE	TIME	DESCRIPTION
970132-001-01	WWT 1 3.5	01/28/97	1300	WASTE WATER GRAB SAMPLE
970132-001-02	WWT 1 3.5	01/28/97	1300	WASTE WATER GRAB SAMPLE
970132-002-01	WWT 2 4.6	01/28/97	1300	WASTE WATER GRAB SAMPLE
970132-002-02	WWT 2 4.6	01/28/97	1300	WASTE WATER GRAB SAMPLE

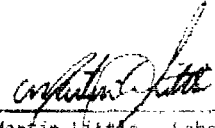
REPORT DATE: 01/30/97

REPORT NUMBER: 970132

PAGE: 1 OF 1

SAMPLE	TEST	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WWT 1 3.5						
970132-001	OMG TOTAL GRAV EPA 413.1/9070	TOTAL OIL & GREASE	10	PPM	2	Laura H.
	PHENOLS TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLS	4.14	PPM	0.05	Laura H.
WWT 2 4.6						
970132-002	OMG TOTAL GRAV EPA 413.1/9070	TOTAL OIL & GREASE	3	PPM	2	Laura H.
	PHENOLS TOTAL EPA 420.1	TOTAL RECOVERABLE PHENOLS	10.05	PPM	0.05	Laura H.

REVIEWED BY:

  
Martin Little - Laboratory Manager

1-28-97

WWT 1-3-5

70 PH

46°F

WWTZ 4,6

1,28-97

7.2 PH

44° F

**Environmental • Petroleum • OR Certified Water Testing**

## CHAIN OF CUSTODY RECORD

Date 1/28/97 Page 1 of 1

## Portland Office

7133 North Lombard Street, Portland, OR 97203

Phone: (503) 286-9464 FAX: (503) 285-7831

[illegible]

Koppers002623



January 26, 1997

Amos S. Kamerer, Plant Manager  
Koppers Industries, Inc.  
7540 NW St. Helens Rd.  
Portland, Or. 97210

Dear Sir:

On this date I have done a full walk through inspection of plant operations and I find the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we will sustain further damage than we have already to pumps, motors and other equipment. Due to this situation, I started pumping the overflow of rainwater directly to the plant outfall. We will continue this until we are out of danger.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. J. Turner", with a large, sweeping flourish extending from the end of the name.

T. J. Turner  
General Foreman

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT JANUARY 1995

NOTE: EFFECTIVE THIS MONTH, WE HAVE CHANGED OUR METHOD OF TESTING THESE WASTE WATER TANKS AFTER DISCUSSION WITH W.E. SNEARRINGEN. ALL FUTURE SAMPLES WILL BE TAKEN IN 3 TANK BATCHES FOR TESTING PRIOR TO DISCARDING.

*[Signature]* A.S. KANCA 1/3/95

DAY

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

FLOW 1-3-5

SAMPLED 1 3 5 + Pumping TO 2 4 6

FLOW

Flow 1-3-5 SAMPLED 2-4

Flow

SAMPLED 1-3-5 Flowing TO 2-4

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT February 1995

DAY	
1	
2	Sampled 2-4 Flowing To 1-3-5
3	
4	
5	
6	
7	
8	
9	Flow
10	
11	
12	
13	
14	
15	
16	Flowing To 2-3-5
17	Sampled 12345 Pumped
18	
19	
20	
21	
22	
23	No Flow
24	
25	
26	
27	
28	

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT \_\_\_\_\_

March 1995

Day	
1	
2	
3	
4	
5	
6	
7	
8	Sampled 1-3-5 Pumping to 2-4-6
9	Sampled 2-4-6
10	
11	FLOW 1-3-5
12	
13	1-3-5 Pumped Pumping 2-4-6
14	Flow 1-3-5
15	
16	
17	switched Flow 2-4-6
18	
19	Flow 2-4-6
20	SAMPLED 1, 3, 5, 2, 4, 6
21	
22	Flow All
23	↓
24	
25	NO FLOW
26	
27	
28	
29	
30	
31	↓

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT April 1995

DAY	
1	No Flow
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	↓
12	Sampled 2-4-6
13	No Flow
14	
15	
16	
17	Pumped
18	"
19	No Flow
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	↓

**LOCATION.**

DATE

BY

**SUBJECT.**

DATE MAY 1995

T-200  
PRINTED IN U.S.A.

DAY	Flow Status	Sampling	Notes
1	No Flow	- Sampled 1, 3 & 5	
2			
3			
4	Pumped		
5	"		
6	No Flow		
7	"		
8	"		
9	"		
10	"		
11	Pumping to 1-3-5	Sampled 2, 4, 6 - PAH	No Flow to R
12			
13			
14			
15			
16			
17	Pumped 2, 4, 6 to RNCN		
18			
19			
20	No Flow		
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT \_\_\_\_\_

JUNE 1995

DAY	
1	No Flow
2	
3	
4	
5	Sampled Composite 1-3-5
6	
7	
8	
9	
10	
11	↓
12	Pumped 1-3-5 to River Flow to 2-4-6
13	
14	
15	
16	↓
17	No Flow
18	
19	
20	Sampled 2-4-6 Composite
21	
22	
23	
24	
25	
26	
27	↓
28	Pumping 2-4-6 to River
29	
30	

LOCATION \_\_\_\_\_

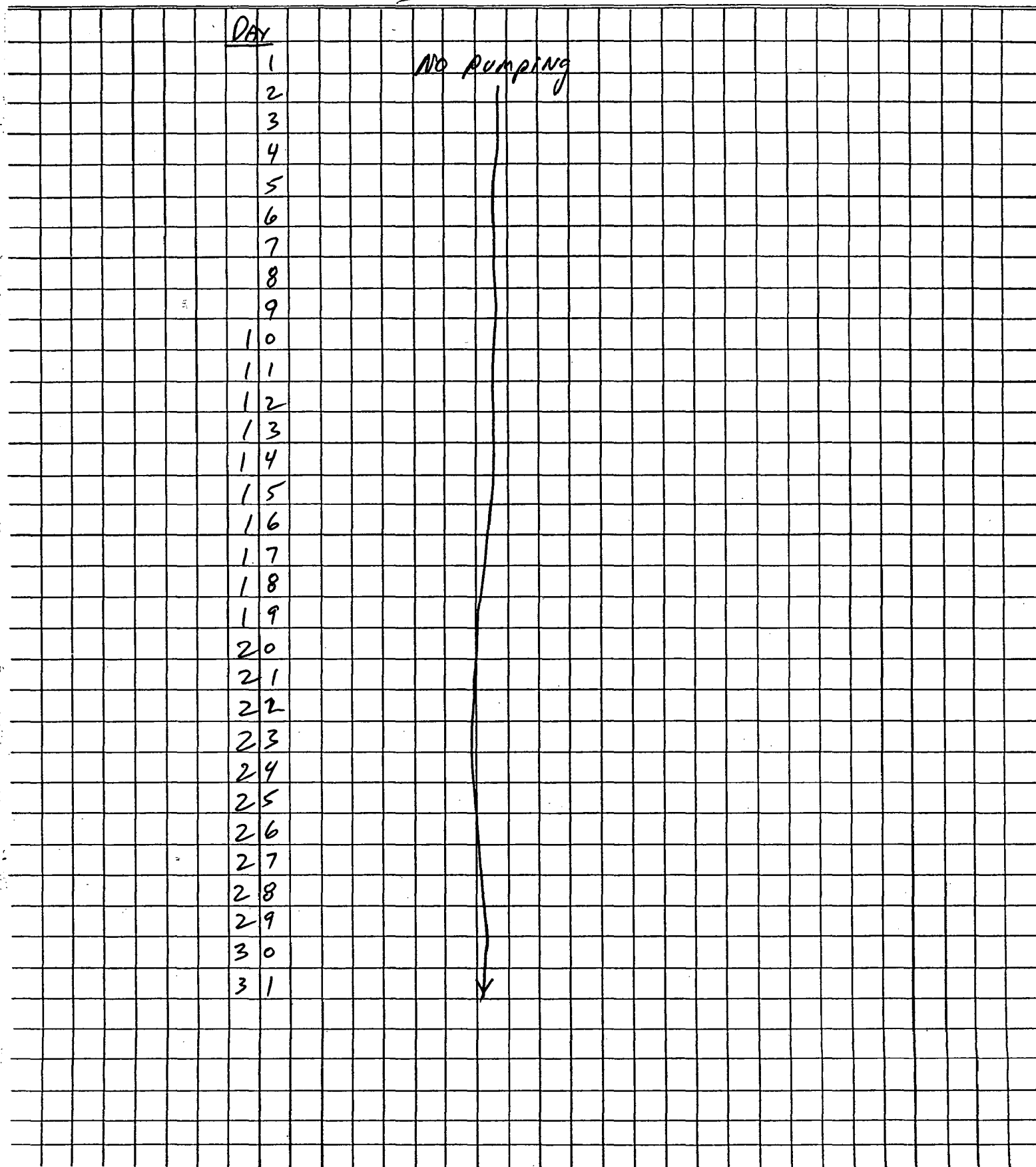
DATE \_\_\_\_\_

BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT \_\_\_\_\_

July 1995





LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT \_\_\_\_\_

August 1995

DAY	
1	No flow
2	
3	
4	Sampled 1 3 5 also for PAH
5	
6	
7	
8	
9	
0	
1 1	
1 2	
1 3	
1 4	↓
1 5	Pumping WWT 1-3-5 to River
1 6	Flow to 2-4-6 WWT ↓
1 7	
1 8	
1 9	
2 0	
2 1	
2 2	
2 3	
2 4	
2 5	
2 6	
2 7	
2 8	
2 9	
3 0	
3 1	

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT \_\_\_\_\_

SEPT

95

DAY

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

Flow 2-4+6

Flow 11-3-5 wet

sampled 2, 4+6 wet



Pumped 2, 4+6

"

NO Flow



LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_  
SUBJECT OCT - 95

PAY	
1	Flow 1, 3, 5
2	↓
3	SAMPLED 1, 3, 5 : Flow to 2, 4, 6
4	
5	
6	Pump 1, 3, 5 to River
7	↓
8	
9	
10	
11	SAMPLED 2, 4, 6 : Flow to 1, 3, 5
12	
13	SAMPLED 1, 3, 5 : Pump 2, 4, 6 to River
14	
15	
16	
17	Pump 1, 3, 5 to River
18	
19	
20	
21	
22	
23	
24	
25	Flow to 1-3-5
26	SAMPLED 2-4-6
27	
28	
29	
30	Pump 2, 4, 6 to River
31	↓

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

T-200  
PRINTED IN U.S.A.

SUBJECT NOV 95

DAY	
1	2-4-6 to River
2	↓
3	↓
4	No Flow
5	↓
6	↓
7	Sampled 1-3-5
8	↓
9	Pumping 1-3-5 to River
10	
11	Emergency Pumping all Tanks
12	↓
13	↓
14	↓
15	Sampled 1-3-5 No Flow
16	↓
17	↓
18	↓
19	↓
20	↓
21	↓
22	↓
23	↓
24	↓
25	Emergency Pumping to River all tanks
26	↓
27	Sampled 2-4-6
28	Pumped to River
29	↓
30	↓

LOCATION

DATE

BY

T-200  
PRINTED IN U.S.A.

SUBJECT

DEC 95

DAY	
1	No Flow
2	↓
3	↓
4	Sampled WWT 2-4-6
5	Pumped 2-4-6 to River
6	↓
7	↓
8	No Flow
9	↓
10	↓
11	Sampled 2-4-6, 1-3-5 (for PAH also)
12	Emergency pumping direct to outfall
13	↓
14	↓
15	Stopped Emergency pumping / started pumping WWT-1-2-3-4-5-6
16	To River
17	No Flow
18	↓
19	↓
20	↓
21	↓
22	↓
23	↓
24	↓
25	↓
26	↓
27	Sampled 1-3-5
28	Pumped 1-3-5 to River
29	↓
30	↓
31	No Flow

FEE NAME/ADDRESS (Include Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004.  
Approval expires 6-30-91.

KOPPERS INDUSTRIES, INC.  
ADDRESS 7540 NW ST HELENS ROAD  
PORTLAND, OR 97210


(2-16) 101003 PERMIT NUMBER  
(17-19) 02 DISCHARGE NUMBER


3077-J  
47430

FACILITY NORTHWEST PLANT DEQ #47430  
LOCATION MULTNOMAH COUNTY

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) 95 02 01 (22-23) (24-25) (26-27) 95 02 28 (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	14,286							N/A	10/28	EST.
	PERMIT REQUIREMENT	N/A	N/A								
TEMPERATURE	SAMPLE MEASUREMENT				43	46	50		0	10/28	GRAB
	PERMIT REQUIREMENT						110	°F			
pH	SAMPLE MEASUREMENT				6.5	6.5	6.6		0	10/28	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASES	SAMPLE MEASUREMENT				N.D.	4.4	7		0	10/28	GRAB
	PERMIT REQUIREMENT				N/A	10	15	mg/L			
PHENOLS	SAMPLE MEASUREMENT				.07	.11	.18		0	10/28	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7	mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 <b>A. S. KAMERER, PLANT MGR</b> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
R. D. COLLINS, V.P. TYPED OR PRINTED			503	286-3681	95	03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY PAH TEST RESULTS ARE ATTACHED.

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>Feb.</u> YEAR <u>95</u>							
														FLOW							
	WWT-1		WWT-2		WWT-3		WWT-4		WWT-5		WWT-6		TOTAL		#DAYS IN MONTH		G.P.D. DISCHARGE				
GLS. PER TANK	45,000		45,000		45,000		45,000		20,000		20,000										
# OF PUMPINGS	11		11		11		11		11				10								
GALS. PUMPED	90,000		90,000		90,000		90,000		90,000				400,000		28		14,286				
														SAMPLE CONCENTRATION LEVELS							
													AVG.		MIN.		MAX.		UNIT		
TEMPERATURES	48	48	48	50	50	43	43	43	43	43							46	43	50	OF	
PH	6.5	6.6	6.6	6.6	6.6	6.5	6.5	6.5	6.5	6.5							6.5	6.5	6.6	SU	
OIL & GREASES	ND	ND	ND	6	6	6	6	6	7	7							4.4	ND	7	MG/L	
PHENOLS	.18	.18	.18	.08	.08	.09	.09	.09	.07	.07							.11	.07	.18	MG/L	
														QUARTERLY PAH TESTING							
														DATE SAMPLE TAKEN		<u>2/2/95</u>		RESULTS		<u>269</u>	
																		(MUST BE LESS THAN 1000)			



### Analytical Data

Koppers Industry

Job Number: 950202U

Page Number: 3 of 3

Lab Sample ID: 950202U-2

Field ID: WWT 2/4 Composite

Date/Time: 02/02/95 1200

Matrix: Waste Water

Analysis Performed: Polynuclear Aromatic Hydrocarbons in waste water by EPA Method 8310, HPLC.

<u>Compound</u>	<u>Detection Limit</u>	<u>Analytical Results</u>
Acenaphthene	500	ND
Acenaphthylene	500	ND
Anthracene	100	ND
Benzo(a)anthracene	15	45
Benzo(b)fluoranthene	20	58
Benzo(k)fluoranthene	15	38
Benzo(g,h,i)perylene	15	38
Benzo(a)pyrene	15	43
Chrysene	20	22
Dibenzo(a,h)anthracene	15	ND
Fluoranthene	100	ND
Fluorene	200	ND
Indeno(1,2,3-c,d)pyrene	20	25
Naphthalene	500	ND
Phenanthrene	200	ND
Pyrene	200	ND

269

Results expressed as  $\mu\text{g/L}$  unless otherwise noted.

ND means none detected at or above the detection limit listed.

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002639



	PH	Temp
1-30-95		
WWT 1	6.5	48
WWT 3	6.6	48
WWT 5	6.6	48

**PORTLAND BRANCH**

12423 NE Whitaker Way

Portland, OR 97230

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.****CHAIN OF CUSTODY AGREEMENT****PENDLETON BRANCH**

287 SE First

Pendleton, OR 97801

(503) 276-0385

Report  
Attention: AMOS KAMMERER  
Company  
Name: KOPPERS INC  
Address: 7540 NW ST. HELENS RD  
Portland, OR 97210  
Phone: (503) 286 3186 FAX: (503) 286 7631  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: W6150131-F  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>WWT 1, 3, 5</u>	<u>Composite</u>		<u>1-30-95 6:00</u>		<u>oil &amp; Grease</u>	
<u>WWT 1, 3, 5</u>	<u>Composite</u>		<u>1-30-95 6:00</u>		<u>Phenols</u>	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>Brad Harwood</u>	<u>Brad Harwood</u>	<u>1-30-95</u>	<u>6:00</u>	<u>[Signature]</u>	<u>1-31-95</u>	<u>11:35</u>
White Copy - Laboratory Copy	<u>[Signature]</u>	<u>1-31-95</u>	<u>11:35</u>	<u>[Signature]</u>		
Yellow Copy - Client Copy						
SHADED AREAS FOR LABORATORY USE ONLY						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002641

# COFFEY LABORATORIES, INC.

## CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET

### INSTRUCTIONS

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. Please Do Not Write in These Areas.
<b>REPORT ATTENTION</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME</b>	The time at which the sample(s) was/were collected.
<b>MEDIA</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS</b>	General sample or job remarks.

### CONDITIONS

#### PRICING AND CHARGES

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

#### DELIVERY AND LIABILITY LIMITATIONS

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

#### CONFIDENTIALITY

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

#### APPLICABLE LAW

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: February 6, 1995  
Job Number: 950131G  
PO Number: None Provided  
Project No: None Provided  
Project Name: None Provided

Attention: Amos Kameron  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 01/31/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950131G-1	WWT 1,3,5 Composite	Waste Water	01/30/95	1800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

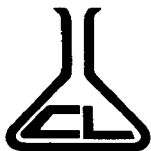
Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002643



## Analytical Data

Koppers Industry

Job Number: 950131G

Page Number: 2 of 2

Lab Sample ID: 950131G-1

Field ID: WWT 1,3,5 Composite

Date/Time: 01/30/95 1800

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	02/01/95	WKK
Total Phenols	EPA 420.1	0.05	0.18	mg/L	02/01/95	SVS

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002644

**RECEIVED**

**FEB - 8 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

2-1-95

WWT

PH

TEMP

2

6.6

50°

4

6.6

50°

(503) 254-1794 FAX: (503) 254-1452

## CHAIN OF CUSTODY AGREEMENT

**(503) 276-0385**

FOR LABORATORY USE ONLY Page      of     

Job Number: W6 950202 U 2

Custabbr: Koppers ☐ NEW

☐ VISA ☐ M/C Expires:                     

Card #:                     

Cash / Check: \$                      #:             

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIER UPS LAB CLIENT MAIL

[illegible]

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002647



**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: February 6, 1995  
Job Number: 950202U  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Attention: Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 02/02/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950202U-1	WWT 2/4 Composite	Waste Water	02/01/95	1000
950202U-2	WWT 2/4 Composite	Waste Water	02/02/95	1200

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002649



## Analytical Data

Koppers Industry

Job Number: 950202U

Page Number: 2 of 3

Lab Sample ID: 950202U-1

Field ID: WWT 2/4 Composite

Date/Time: 02/01/95 1000

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	6.	mg/L	02/01/95	WKK
Total Phenols	EPA 420.1	0.05	0.08	mg/L	02/03/95	SVS

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002650

17 February, 1995

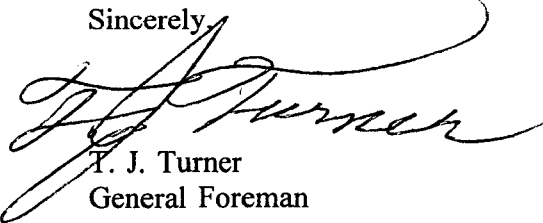
Amos S. Kamerer, Plant Manager  
Koppers Industries, Inc.  
7540 NW St Helens Road  
Portland, OR 97210

Dear Sir:

On February 16, 1995 we came in at 6:30 a.m. to start plant operations. Upon doing a full-plant walk-through inspection, I found the lower tank farm flooding, all waste water tanks overflowing, and rain still falling.

If this situation continues, we are in danger of losing pumps and equipment, and a possible shut-down of operations. We started pumping the overflow of rainwater directly to the plant outfall. We at this time also sampled all waste water tanks and requested rush analysis.

Sincerely,



T. J. Turner  
General Foreman

2-16-95 PH TEMP

WW 1 6.5 43

" 2 6.5 43

" 3 6.5 43

" 4 6.5 43

" 5 6.5 43

pumped 2/17 - 2/20

**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamever  
Company  
Name: KOPPERS Ind.  
Address: 7540 NW St. Helens RD.  
Portland OR. 97210-3663  
Phone: (503) 286-3668 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☐ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 1  
Job Number: W6950216752  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1/3/5 composite			2-16-95 8:00 AM	8	oil & Grease	
WWT 2/4 "			" "		" "	
WWT 1/3/5 composite			2-16-95 8:00 AM		PHENOLS	
WWT 2/4 "			" "		" "	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>Brad Harwood</u>	<u>Brad Harwood</u>	<u>2-16-95</u>	<u>8:10 AM</u>	<u>[Signature]</u>	<u>2-16-95</u>	<u>8:15</u>
White Copy - Laboratory Copy						
Yellow Copy - Client Copy						
SHADED AREAS FOR LABORATORY USE ONLY						
		<u>2-16-95</u>	<u>8:50</u>	<u>[Signature]</u>	<u>2-16-95</u>	<u>8:50</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

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<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
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<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
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<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
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**C O N D I T I O N S**

**PRICING AND CHARGES**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: February 20, 1995  
Job Number: 950216B  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Attention: Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 02/16/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950216B-1	WWT 1/3/5 Composite	Waste Water	02/16/95	0800
950216B-2	WWT 2/4 Composite	Waste Water	02/16/95	0800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002655





## Analytical Data

Koppers Industry

Job Number: 950216B

Page Number: 2 of 3

Lab Sample ID: 950216B-1

Field ID: WWT 1/3/5 Composite

Date/Time: 02/16/95 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	6.	mg/L	02/16/95	SSS
Total Phenols	EPA 420.1	0.05	0.09	mg/L	02/17/95	SVS

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002656



## Analytical Data

Koppers Industry

Job Number: 950216B  
Page Number: 3 of 3

Lab Sample ID: 950216B-2  
Field ID: WWT 2/4 Composite  
Date/Time: 02/16/95 0800  
Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	7.	mg/L	02/16/95	SSS
Total Phenols	EPA 420.1	0.05	0.07	mg/L	02/17/95	SVS

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002657

**RECEIVED**

**FEB 23 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** KOPPERS INDUSTRIES, INC.  
**ADDRESS** 7540 NW ST HELENS ROAD  
PORTLAND, OR 97210

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

(2-16) 101003	(17-19) 04
PERMIT NUMBER	DISCHARGE NUMBER

3077-J  
47430

Form Approved.  
OMB No. 2040-0004.  
Approval expires 6-30-91.

**FACILITY** NORTHWEST PLANT DEQ #47430  
**LOCATION** MULTNOMAH COUNTY

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	04	01		95	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	4,500							N/A	1/30	EST.
	PERMIT REQUIREMENT	N/A	N/A								
TEMPERATURE	SAMPLE MEASUREMENT				55	55	55	° F	0	1/30	GRAB
	PERMIT REQUIREMENT						110				
pH	SAMPLE MEASUREMENT				6.7	6.7	6.7	SU	0	1/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				.10	.10	.10	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. D. COLLINS, V.P.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. S. KAMERER, PLANT MGR.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

503  
AREA CODE

286-3681  
NUMBER

95  
YEAR

05  
MO

01  
DAY

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>April</u>		YEAR <u>95</u>									
														FLOW											
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL					#DAYS IN M O N T H		G.P.D. DISCHARGE											
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000																			
# OF PUMPINGS		1		1		1						30													
GALS.PUMPED		45,000		45,000		45,000						135,000		4,500											
														SAMPLE CONCENTRATION LEVELS											
TEMPERATURES	55																AVG.	MIN.	MAX.	UNIT OF					
PH	6.7																			SU					
OIL & GREASES	ND																			MG/L					
PHENOLS	.10																			MG/L					
														QUARTERLY PAH TESTING											
														DATE SAMPLE TAKEN		<u>1</u> <u>1</u>		RESULTS							
																		(MUST BE LESS THAN 1000)							

4/12/95

Pumped  
4/12/95

55°F

pH 6.7

WWT 246

(503) 254-1794. FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

(503) 276-0385

Report  
Attention: Amos Kameron  
Company  
Name: Koppers Ind. Inc.  
Address: 7540 NW St Helens Rd  
Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831

Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: \_\_\_\_\_ *W.C. 95M12-B0*

Custabbr: \_\_\_\_\_ *Kippers* ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ #: \_\_\_\_\_

Billing Code:    1    2    3    4

QC LEVEL:    1    2    3    4

FEDX   BUS   COURIER   UPS   LAB   CLIENT   MAIL

[illegible]

**Sample Comments:**

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
T.J. Turner	<i>[Signature]</i>	4/12/95	3:35	<i>[Signature]</i>	4/12/95	3:35
White Copy - Laboratory Copy      Yellow Copy - Client Copy	<i>[Signature]</i>	4/12/95	4:25			
SHADED AREAS FOR LABORATORY USE ONLY				LAB <i>[Signature]</i>	4/12/95	1625

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002662

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. Please Do Not Write in These Areas.</b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.





Report Date: April 18, 1995  
Job Number: 950412BD  
PO Number: Amos Kameron  
Project No: None Provided  
Project Name: None Provided

Amos Kameron  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

### Analytical Narrative

The sample was received on 04/12/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950412BD-1	WWT 2,4,6 Composite	Waste Water	04/12/95	1535

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002664



## Analytical Data

Koppers Industry

Job Number: 950412BD

Page Number: 2 of 2

Lab Sample ID: 950412BD-1

Field ID: WWT 2,4,6 Composite

Date/Time: 04/12/95 1535

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	04/13/95	SSS
Total Phenols	EPA 420.1	0.05	0.10	mg/L	04/13/95	SVS

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002665

**RECEIVED**

**APR 21 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST. HELENS ROAD  
PORTLAND, OR 97210

FACILITY NORTHWEST PLANT DEQ #47430  
LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16) 101003 (17-19) 05  
PERMIT NUMBER DISCHARGE NUMBER

3077-J  
47430

Form Approved.  
OMB No. 2040-0004.  
Approval expires 6-30-91.

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
95 05 01 95 05 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	7,097							N/A	2/31	EST.
	PERMIT REQUIREMENT	N/A	N/A								
TEMPERATURE	SAMPLE MEASUREMENT				60	61	62	F	0	2/31	GRAB
	PERMIT REQUIREMENT						110				
pH	SAMPLE MEASUREMENT				6.4	6.5	6.6	SU	0	2/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				N.D.	2.5	5.0	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT				N/A	10	15				
PHENOLS	SAMPLE MEASUREMENT				N.D.	.03	.05	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT				N/A	.5	.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
R. D. COLLINS, V. P.							503 286-3681		95 06 09		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE SECOND QUARTER PAH RESULTS ARE ATTACHED.



## Analytical Data

Koppers Industry

Job Number: 950511BL

Page Number: 2 of 2

Lab Sample ID: 950511BL-1

Field ID: W.W.T. 2,4,6

Date/Time: 05/11/95 1400

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	5.	mg/L	05/12/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	05/12/95	SVS

EPA Category: Not Applicable

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Acenaphthene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Acenaphthylene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Anthracene	EPA 8310	10.	ND	µg/L	05/16/95	DJM
Benzo(a)anthracene	EPA 8310	1.	2.	µg/L	05/16/95	DJM
Benzo(b)fluoranthene	EPA 8310	2.	4.	µg/L	05/16/95	DJM
Benzo(k)fluoranthene	EPA 8310	1.	2.	µg/L	05/16/95	DJM
Benzo(g,h,i)perylene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Benzo(a)pyrene	EPA 8310	1.5	2.	µg/L	05/16/95	DJM
Chrysene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Dibenzo(a,h)anthracene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Fluoranthene	EPA 8310	5.	ND	µg/L	05/16/95	DJM
Fluorene	EPA 8310	20.	ND	µg/L	05/16/95	DJM
Indeno(1,2,3-cd)pyrene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Naphthalene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Phenanthrene	EPA 8310	10.	ND	µg/L	05/16/95	DJM
Pyrene	EPA 8310	10.	ND	µg/L	05/16/95	DJM

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002668

**RECEIVED**

**MAY 18 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>MAY</u> YEAR <u>95</u>				
														FLOW				
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN MONTH				G.P.D. DISCHARGE						
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000												
# OF PUMPINGS	1	1	1	1	1	1	6											
GALS.PUMPED							220,000	31				7097						
														SAMPLE CONCENTRATION LEVELS				
TEMPERATURES	60	62													AVG.	MIN.	MAX.	UNIT
PH	6.4	6.6													6.1	6.0	6.2	OF
OIL & GREASES	11.0	5.0													6.5	6.4	6.6	SU
PHENOLS	.05	11.0													2.5	11.0	5.0	MG/L
															.03	11.0	.05	MG/L
														QUARTERLY PAH TESTING				
														DATE SAMPLE TAKEN <u>5/11/95</u>		RESULTS <u>10</u>		
																(MUST BE LESS THAN 1000)		

5-11-95

wwT  
2,46

PH  
6.6

Temp  
62



**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: \_\_\_\_\_  
Company Name: Kopper Co Inc.  
Address: 7540 N.W. St Helens Rd  
Portland Or 97210-3663  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☐ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: WJ 80511-BL  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB ☒ CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
<u>W.W.T. 2-4-6</u>			<u>5-11-95</u> <u>2:00</u>		<u>Oil Grease</u>	
<u>W.W.T. 2-4-6</u>					<u>PHenols</u>	
<u>W.W.T. 2-4-6</u>					<u>Quarterly P.A.H.</u>	
Sample Comments:						

Sampled by: (Please Print) <u>T. J. Turner</u>	Relinquished by: (Please Sign) <u>[Signature]</u>	Date <u>5-11-95</u>	Time <u>3:00 PM</u>	Received by: (Sign) <u>[Signature]</u>	Date <u>5-11-95</u>	Time <u>3:30</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <u>[Signature]</u>	<u>5/11/95</u>	<u>1615</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002672

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



## Analytical Data

Koppers Industry

Job Number: 950511BL

Page Number: 2 of 2

Lab Sample ID: 950511BL-1

Field ID: W.W.T. 2,4,6

Date/Time: 05/11/95 1400

Matrix: Waste Water

### EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	5.	mg/L	05/12/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	05/12/95	SVS

### EPA Category: Not Applicable

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Acenaphthene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Acenaphthylene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Anthracene	EPA 8310	10.	ND	µg/L	05/16/95	DJM
Benzo(a)anthracene	EPA 8310	1.	2.	µg/L	05/16/95	DJM
Benzo(b)fluoranthene	EPA 8310	2.	4.	µg/L	05/16/95	DJM
Benzo(k)fluoranthene	EPA 8310	1.	2.	µg/L	05/16/95	DJM
Benzo(g,h,i)perylene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Benzo(a)pyrene	EPA 8310	1.5	2.	µg/L	05/16/95	DJM
Chrysene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Dibenzo(a,h)anthracene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Fluoranthene	EPA 8310	5.	ND	µg/L	05/16/95	DJM
Fluorene	EPA 8310	20.	ND	µg/L	05/16/95	DJM
Indeno(1,2,3-cd)pyrene	EPA 8310	3.	ND	µg/L	05/16/95	DJM
Naphthalene	EPA 8310	30.	ND	µg/L	05/16/95	DJM
Phenanthrene	EPA 8310	10.	ND	µg/L	05/16/95	DJM
Pyrene	EPA 8310	10.	ND	µg/L	05/16/95	DJM

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002674



Report Date: May 16, 1995  
Job Number: 950511BL  
PO Number: None Provided  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

### Analytical Narrative

The sample was received on 05/11/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:-

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950511BL-1	W.W.T. 2,4,6	Waste Water	05/11/95	1400

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002675

5/1/95

composite WWT 1,3,5

temp 60°F

pH 6.4

**PORTLAND BRANCH**

12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**

**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**

287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kameron  
Company  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Road  
Portland, OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page 1 of 1  
Job Number: WGS50501-AU  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1-3-5 Composite			5/1 1530	WW	O-6	NO
WWT 1-3-5 Composite			↓ ↓	↓ ↓	Phenols	.05

Sample Comments:

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
<u>F.J. Turner</u>	<u>[Signature]</u>	<u>5-1-95</u>	<u>3:40pm</u>	<u>Karen J. Miller</u>	<u>5/1/95</u>	<u>3:40pm</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002677

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
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<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: May 5, 1995  
Job Number: 950501AU  
PO Number: PO Required if over \$500  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

### Analytical Narrative

The sample was received on 05/01/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950501AU-1	WWT 1-3-5 Composite	Waste Water	05/01/95	1530

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002679





### Analytical Data

Koppers Industry

Job Number: 950501AU

Page Number: 2 of 2

Lab Sample ID: 950501AU-1

Field ID: WWT 1-3-5 Composite

Date/Time: 05/01/95 1530

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	05/02/95	SSS
Total Phenols	EPA 420.1	0.05	0.05	mg/L	05/03/95	SVS

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002680

**RECEIVED**

**MAY 09 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

Koppers002681

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME **KOPPERS INDUSTRIES, INC.**  
ADDRESS **7540 NW ST. HELENS ROAD**  
**PORTLAND, OR 97210**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

101003 (2-16) PERMIT NUMBER	06 (17-19) DISCHARGE NUMBER
-----------------------------------	-----------------------------------

3077-3  
47430

Form Approved.  
OMB No. 2040-0004  
Approval expires 10-31-94

FACILITY **NORTHWEST PLANT DEQ #47430**  
LOCATION **MULTNOMAH COUNTY**

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
95	06	01	95	06	30
(20-21)		(22-23)	(24-25)		(26-27)
(28-29)		(30-31)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)				
FLOW	SAMPLE MEASUREMENT	7,333		GPD						N/A	2/30	EST.
	PERMIT REQUIREMENT	N/A										
TEMPERATURE	SAMPLE MEASUREMENT				61	64	66	°F	0	2/30	GRAB	
	PERMIT REQUIREMENT											
pH	SAMPLE MEASUREMENT				6.5	6.5	6.5	SU	0	2/30	GRAB	
	PERMIT REQUIREMENT											
OIL & GREASE	SAMPLE MEASUREMENT				6.0	8.0	9.0	mg/L	0	2/30	GRAB	
	PERMIT REQUIREMENT											
PHENOLS	SAMPLE MEASUREMENT				N.D.	.06	.12	Mg/L	0	2/30	GRAB	
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE			
R.D. COLLINS, V.P.							A.S. POMERER, PLANT MGR.					
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		503 AREA CODE	286-3681 NUMBER	95 YEAR	07 MO
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

THIS SECOND QUARTER DMR RESULTS HAVE APPROVED XXX

# MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>June</u> YEAR <u>95</u>							
														FLOW							
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN				G.P.D.									
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000		M O N T H				DISCHARGE									
# OF PUMPINGS	1	1	1	1	1	1	6														
GALS. PUMPED							220,000	30				7,333									
														SAMPLE CONCENTRATION LEVELS							
TEMPERATURES	61	66												AVG.	MIN.	MAX.	UNIT				
PH	6.5	6.5												6.4	6.1	6.6	OF				
OIL & GREASES	6.	9.												6.5	6.5	6.5	SU				
PHENOLS	NO	.12												8.	6.	9.	MG/L				
														.06		NO		.12		MG/L	
														QUARTERLY PAH TESTING							
														DATE SAMPLE TAKEN		RESULTS					
																(MUST BE LESS THAN 1000)					

6/5/95

Composite 1-3-5

18.7 °C

66 °F

pH 6.5

**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kameron  
Company: Koppers Industries Inc  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Rd  
Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_\_ of \_\_\_\_\_  
Job Number: W-950605-AH  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1-3-5			6/5/95 3:25p	HCL	Oil & Grease	
WWT 1-3-5			6/5/95 3:25p	CuPO <sub>4</sub>	Phenols	
Sample Comments:						

Sampled by: (Please Print) <u>Dennis Stewart</u>	Relinquished by: (Please Sign) <u>Dennis Stewart</u>	Date <u>6-5-95</u>	Time <u>3:25</u>	Received by: (Sign) <u>Karen J. May</u>	Date <u>6/5/95</u>	Time <u>3:25p</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <u>May</u>		<u>6/5/95 1650</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002685

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
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<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

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**CONFIDENTIALITY**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: June 9, 1995  
Job Number: 950605AH  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

### Analytical Narrative

The sample was received on 06/05/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950605AH-1	WWT 1-3-5	Waste Water	06/05/95	1525

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002687





## Analytical Data

Koppers Industry

Job Number: 950605AH

Page Number: 2 of 2

Lab Sample ID: 950605AH-1

Field ID: WWT 1-3-5

Date/Time: 06/05/95 1525

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	9.	mg/L	06/06/95	SSS
Total Phenols	EPA 420.1	0.05	0.12	mg/L	06/07/95	SVS

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002688

**RECEIVED**

**JUN 12 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**

6/20/95

WWT 2-4-6

61° F

pH 6.5

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**(503) 276-0385**

Report  
Attention: AMOS KAMMERER  
Company  
Name: KOPFER IND  
Address: 7540 NW ST. HELENS RD.  
PORTLAND OR. 97210-3663  
Phone: (503) 286-3681 FAX: (503) 285-7431  
Report Instructions:

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY Page 1 of 1

Job Number: W1504205

Custabbr: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIER UPS LAB CLIENT MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brad H.	Brad Harwood	6-20-95	9 <sup>00</sup> AM	Lenor F. Myle	6/20/95	9:00AM
White Copy - Laboratory Copy      Yellow Copy - Client Copy	Lenor F. Myle	6/20/95	10:20AM			
SHADED AREAS FOR LABORATORY USE ONLY				LAB		

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002691

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

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<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
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<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
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<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
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<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

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**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: June 26, 1995  
Job Number: 950620J  
PO Number: None Provided  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

### Analytical Narrative

The sample was received on 06/20/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950620J-1	WWT 2,4,6 Composite	Waste Water	06/20/95	0845

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002693



### Analytical Data

Koppers Industry

Job Number: 950620J

Page Number: 2 of 2

Lab Sample ID: 950620J-1

Field ID: WWT 2,4,6 Composite

Date/Time: 06/20/95 0845

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	6.	mg/L	06/20/95	SSS
Total Phenols	EPA 420.1	0.05	ND	mg/L	06/20/95	SVS

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002694

**RECEIVED**

**JUN 27 1995**

**KOPPERS INDS., INC.  
PORTLAND, OR**



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME KOPPERS INDUSTRIES, INC.

ADDRESS 7540 NW ST HELENS ROAD  
PORTLAND, OR 97210

FACILITY NORTHWEST PLANT DEQ #47430

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

07

PERMIT NUMBER

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
95 07 01 95 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0								
	PERMIT REQUIREMENT	N/A								
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	S. KAMERER, PLANT MGR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
R. D. COLLINS, V. P. TYPED OR PRINTED			503 286-3681 AREA CODE NUMBER	95 07 31 YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE DURING THE MONTH.

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Road

Portland, OR 97210

FACILITY Northwest Plant DEQ #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

101003

PERMIT NUMBER

08

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
95	08	01	95	08	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	3548		GPD					N/A	1/31	Est.
	PERMIT REQUIREMENT										
Temperature	SAMPLE MEASUREMENT				80	80	80	F	0	1/31	Grab
	PERMIT REQUIREMENT						110				
pH	SAMPLE MEASUREMENT				6.7	6.7	6.7	SU	0	1/31	Grab
	PERMIT REQUIREMENT				6.0		9.0				
OIL & Grease	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	mg/L	0	1/31	Grab
	PERMIT REQUIREMENT				N/A	10	15				
Phenols	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	mg/L	0	1/31	Grab
	PERMIT REQUIREMENT				N/A	5	7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		503	286-3681	95	09	01
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

Third quarter PAH test results are attached.

8/4/95

80°F

pH 6.7

1-3-5

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>Aug.</u>		YEAR <u>95</u>															
														FLOW																	
		WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL							#DAYS IN	G.P.D.															
GLS. PER TANK		45,000	45,000	45,000	45,000	20,000	20,000								M O N T H	DISCHARGE															
# OF PUMPINGS		1		1		1																									
GALS.PUMPED		45,000		45,000		20,000		110,000							31	3548															
														SAMPLE CONCENTRATION LEVELS																	
TEMPERATURES		80																AVG.	MIN.	MAX.	UNIT										
PH		6.7																80	80	80	OF										
OIL & GREASES		ND																6.7	6.7	6.7	SU										
PHENOLS		ND																ND	ND	ND	MG/L										
														QUARTERLY PAH TESTING																	
		DATE SAMPLE TAKEN				8/4/95				RESULTS				ND																	
														(MUST BE LESS THAN 1000)																	

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**

## CHAIN OF CUSTODY AGREEMENT

### PENDLETON BRANCH

**287 SE First**

Pendleton, OR 97801

**(503) 276-0385**

Report  
Attention: Amos Kameser  
Company: Koppers Industries Inc  
Name: 7540 NW St Helens Rd  
Address: Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project Name: _____	
Project Number: _____	
PO Number: _____	
<b>Sample Turnaround</b> <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5x Std. Fee) <input type="checkbox"/> Rush (2x Std. Fee) <input type="checkbox"/> Emergency (3x Std. Fee)	<b>Reporting Request</b> <input type="checkbox"/> FAX (T-35) <input type="checkbox"/> Verbals (T-1157) <input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated) Initials: _____

FOR LABORATORY USE ONLY

Page 1 of 1

Job Number: W 6950804 - AS 4

Custabbr: KOPPER ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ #: \_\_\_\_\_

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1-3-5		1e	8/4/95 2:00	CuPO <sub>4</sub>	Phenols	
WWT 1-3-5		1i	8/4/95 2:00	HCl	Oil & Grease	
WWT 1-3-5		1a	8/4/95 2:00	Baked	PAH	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brac Narwood	Brac Narwood	8-4-95	2:00	Karen J. White	8/4/95	2:00 p
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002700

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: August 14, 1995  
Job Number: 950804BK  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 08/04/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950804BK-1	WWT 1-3-5	Waste Water	08/04/95	1400

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

AUG 17 1995  
KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002702



## Analytical Data

Koppers Industry

Job Number: 950804BK

Page Number: 2 of 2

Lab Sample ID: 950804BK-1

Field ID: WWT 1-3-5

Date/Time: 08/04/95 1400

Matrix: Waste Water

### EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	08/11/95	SSS
Total Phenols	EPA 420.1	0.05	ND	mg/L	08/09/95	PDB

### EPA Category: Extractable Organics

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Acenaphthene	EPA 8310	25.	ND	µg/L	08/09/95	DJM
Acenaphthylene	EPA 8310	25.	ND	µg/L	08/09/95	DJM
Anthracene	EPA 8310	5.	ND	µg/L	08/09/95	DJM
Benzo(a)anthracene	EPA 8310	0.25	ND	µg/L	08/09/95	DJM
Benzo(b)fluoranthene	EPA 8310	0.5	ND	µg/L	08/09/95	DJM
Benzo(k)fluoranthene	EPA 8310	0.25	ND	µg/L	08/09/95	DJM
Benzo(g,h,i)perylene	EPA 8310	0.5	ND	µg/L	08/09/95	DJM
Benzo(a)pyrene	EPA 8310	0.25	ND	µg/L	08/09/95	DJM
Chrysene	EPA 8310	2.5	ND	µg/L	08/09/95	DJM
Dibenzo(a,h)anthracene	EPA 8310	0.5	ND	µg/L	08/09/95	DJM
Fluoranthene	EPA 8310	2.5	ND	µg/L	08/09/95	DJM
Fluorene	EPA 8310	2.5	ND	µg/L	08/09/95	DJM
Indeno(1,2,3-cd)pyrene	EPA 8310	1.25	ND	µg/L	08/09/95	DJM
Naphthalene	EPA 8310	25.	ND	µg/L	08/09/95	DJM
Phenanthrene	EPA 8310	5.	ND	µg/L	08/09/95	DJM
Pyrene	EPA 8310	2.5	ND	µg/L	08/09/95	DJM

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002703



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW St. Helens Road  
Portland, OR 97210

FACILITY Northwest Plant DEQ #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

101003

PERMIT NUMBER

09

DISCHARGE NUMBER

3077-J  
47430

Form Approved.

OMB No. 2040-0004

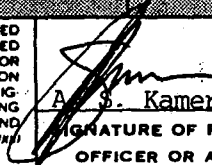
Approval expires 10-31-94

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
95	09	01	95	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	3667		GPD					n/a	1/30	Est.
	PERMIT REQUIREMENT										
Temperature	SAMPLE MEASUREMENT				68	68	68	° F	0	1/30	Grab
	PERMIT REQUIREMENT						110				
PH	SAMPLE MEASUREMENT				6.3	6.3	6.3	SU	0	1/30	Grab
	PERMIT REQUIREMENT				6.0		9.0				
Oil & Grease	SAMPLE MEASUREMENT				1.4	1.4	1.4	mg/L	0	1/30	Grab
	PERMIT REQUIREMENT				n/a	10	15				
Phenols	SAMPLE MEASUREMENT				N.D.	N.D.	N.D.	mg/L	0	1/30	Grab
	PERMIT REQUIREMENT				n/a	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 A. S. Kameroner, Plant Mgr. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
R. D. Collins, V.P. TYPED OR PRINTED			503	286-3681	95	10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



Amended Report Date: October 13, 1995  
Job Number: 950925P  
PO Number: Verbal - Amos Kameroner  
Project No: None Provided  
Project Name: None Provided

Amos Kameroner  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 09/25/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
950925P-1	WWT 2,4,6 Comp.	Waste Water	09/25/95	0800

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

*Sue M. Clueh*  
Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

OCT 17 1995

KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002705



## Analytical Data

Koppers Industry

Job Number: 950925P

Page Number: 2 of 2

Lab Sample ID: 950925P-1

Field ID: WWT 2,4,6 Comp.

Date/Time: 09/25/95 0800

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease*	EPA 413.1	3.	ND	mg/L	09/26/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	09/26/95	PDB

ND means none detected at or above the detection limit listed.

\* Note: Estimated Oil & Grease concentration  $\approx$  1.4 mg/L.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002706

9-25-95  
WWT's

2, 4, 6, PH  
COMP. 6-3

Temp  
68°F

**PORTLAND BRANCH**

12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT****PENDLETON BRANCH**

287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report	Amos Kamerer
Attention:	
Company	Koppers Industries Inc
Name:	
Address:	7540 NW St Helens Road Portland OR 97210
Phone:	(503) 286-3681 FAX: (503) 285-2831
Report Instructions:	

Project	
Name:	
Project	
Number:	
PO Number:	
Sample Turnaround	Reporting Request
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbal (T-1157)
<input type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY		Page	1			
Job Number:	950925-P					
Customer:	Koppers					
<input type="checkbox"/> VISA <input type="checkbox"/> M/C Expires:						
Card #:						
Cash / Check: \$	#:					
Billing Code:	1	2	3	4		
QC LEVEL:	1	2	3	4		
FEDX	BUS	COURIER	UPS	LAB	CLIENT	MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 3/4/6 COMP			9-25-95 9 AM		Oil & Grease	
WWT 2/4/6 COMP			9-25-95 9 AM		Phenols	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Braxt Harwood	Braxt Harwood	9-25-95	9:20 AM	Karon L. Mayhew	9/25/95	9:20 am
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB		

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.

## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

															MONTH		<u>Sept.</u>		YEAR		<u>95</u>											
															FLOW																	
		WWT-1		WWT-2		WWT-3		WWT-4		WWT-5		WWT-6		TOTAL		#DAYS IN		G.P.D.														
GLS. PER TANK		45,000		45,000		45,000		45,000		20,000		20,000				M O N T H		DISCHARGE														
# OF PUMPINGS				1				1				1																				
GALS.PUMPED				45,000				45,000				20,000		110,000		30		3,667														
															SAMPLE CONCENTRATION LEVELS																	
TEMPERATURES		68																		AVG.		MIN.		MAX.		UNIT						
PH		6.3																								OF						
OIL & GREASES		1.4																								SU						
PHENOLS		NO																								MG/L						
															QUARTERLY PAH TESTING																	
															DATE SAMPLE TAKEN										RESULTS							
																									(MUST BE LESS THAN 1000)							

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** Koppers Industries, Inc.  
**ADDRESS** 7540 NW St Helens Road  
Portland, OR 97210  
**FACILITY** Northwest Plant DEQ #47430  
**LOCATION** Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
(2-16) (17-19)

**101003**  
PERMIT NUMBER

**10**  
DISCHARGE NUMBER

3077-J  
47430

Form Approved.  
OMB No. 2040-0004  
Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	10	01		95	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	14,194		GPD					n/a	12/10/31	Est.
	PERMIT REQUIREMENT										
Temperature	SAMPLE MEASUREMENT				58	61	64		0	12/10/31	Grab
	PERMIT REQUIREMENT						110	F			
pH	SAMPLE MEASUREMENT				6.1	6.2	6.4		0	12/10/31	grab
	PERMIT REQUIREMENT				6.0		9.0	SU			
Oil & Grease	SAMPLE MEASUREMENT				n.d.	n.d.	n.d.		0	12/10/31	Grab
	PERMIT REQUIREMENT				n/a	10	15	mg/L			
Phenols	SAMPLE MEASUREMENT				n.d.	n.d.	n.d.		0	12/10/31	Grab
	PERMIT REQUIREMENT				n/a	0.5	0.7	mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
R. D. Collins, V.P.											
TYPED OR PRINTED							503   286-3681		95	11	02
							AREA CODE NUMBER		YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## MONTHLY NPDES DISCHARGE REPORT WORK SHEET

														MONTH <u>OCT</u> YEAR <u>95</u>													
														FLOW													
		WWT-1		WWT-2		WWT-3		WWT-4		WWT-5		WWT-6		TOTAL		#DAYS IN		G.P.D.									
GLS. PER TANK		45,000		45,000		45,000		45,000		20,000		20,000				M O N T H		DISCHARGE									
# OF PUMPINGS		11		11		11		11		11		11		12													
GALS.PUMPED		90,000		90,000		90,000		90,000		90,000		90,000		440,000		31		14,194									
														SAMPLE CONCENTRATION LEVELS													
																		AVG.		MIN.		MAX.		UNIT			
TEMPERATURES		64		59		58		58										60		58		64		OF			
PH		6.1		6.4		6.1		6.1										6.2		6.1		6.4		SU			
OIL & GREASES		ND		ND		ND		ND										ND		ND		ND		MG/L			
PHENOLS		ND		ND		ND		ND										ND		ND		ND		MG/L			
														QUARTERLY PAH TESTING													
														DATE SAMPLE TAKEN <u>1</u> <u>1</u>													
														RESULTS <u></u>													
														(MUST BE LESS THAN 1000)													



Report Date: October 30, 1995  
Job Number: 951026L  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/26/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951026L-1	WWT 2,4,6-Composite	Waste Water	10/26/95	1015

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

**RECEIVED**

NOV - 1 1995

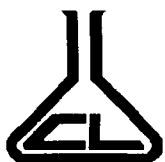
KOPPERS INDS., INC.  
PORTLAND, OR

RAK/atc

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002713



### Analytical Data

Koppers Industry

Job Number: 951026L

Page Number: 2 of 2

Lab Sample ID: 951026L-1

Field ID: WWT 2,4,6-Composite

Date/Time: 10/26/95 1015

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/26/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	10/27/95	PDB

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002714

10/26/95

WWT 2.4.6

58°F

pH 6.1

(503) 254-1794 FAX: (503) 254-1452

## CHAIN OF CUSTODY AGREEMENT

(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Road  
Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2861  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY Page      of     

Job Number: WGS 957026 L-2

Custabbr: Koppers ☐ NEW

☐ VISA ☐ M/C Expires:                     

Card #:                     

Cash / Check: \$                      #:             

Billing Code: 1 2 3 4

QC LEVEL: 1 2 3 4

FEDX BUS COURIER UPS LAB CLIENT MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Braed Harwood	Braed Harwood	10/26/95	10:20	Karen Z. [Signature]	10/26/95	10:20a
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY						
	Karen Z. [Signature]	10/26/95	11:00a	[Signature]	10-26-95	11:00

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002716

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: October 17, 1995  
Job Number: 951013E  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/13/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951013E-1	1,3,5 WWT Comp	Waste Water	10/13/95	0945

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

OCT 20 1995

KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002718



## Analytical Data

Koppers Industry

Job Number: 951013E

Page Number: 2 of 2

Lab Sample ID: 951013E-1

Field ID: 1,3,5 WWT Comp

Date/Time: 10/13/95 0945

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/13/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	10/16/95	PDB

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002719



10-13-95 1,3,5  
WWTs

6.1 PH

58° TEMP

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**(503) 276-0385**

Report  
Attention: AMOS KAMMERER  
Company  
Name: KOPPEIS FND.  
Address: 7540 NW ST. HELENS RD.  
PORTLAND OR. 97210-3663  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_

Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: <u>                    </u>

**FOR LABORATORY USE ONLY**

Page \_\_\_\_\_ of \_\_\_\_\_

Job Number: WG 951013 E - 1

Custabbr: \_\_\_\_\_ ☐ NEW

☐ VISA ☐ M/C Expires: \_\_\_\_\_

Card #: \_\_\_\_\_

Cash / Check: \$ \_\_\_\_\_ #:

Billing Code:    1    2    3    4

QC LEVEL:       1    2    3    4

FEDX   BUS   COURIER   UPS   LAB   CLIENT   MAIL

[illegible]

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brad Harwood	Brad B. Harwood	10-13-95	11:00			
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB	10-13-95	11:00

**SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.**

Koppers002721

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

<b>FOR LAB USE ONLY -</b>	<b>All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u></b>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**CONDITIONS**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: October 13, 1995  
Job Number: 951011AI  
PO Number: Verbal - Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/11/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951011AI-1	WWT 2-4-6 Composite	Waste Water	10/11/95	1115

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

OCT 18 1995  
KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002723



## Analytical Data

Koppers Industry

Job Number: 951011AI

Page Number: 2 of 2

Lab Sample ID: 951011AI-1

Field ID: WWT 2-4-6 Composite

Date/Time: 10/11/95 1115

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/11/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	10/12/95	PDB

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002724

10/11/95

WWT 2-4-6

59°F

pH 6.4

**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Rd  
Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name:  
Project  
Number:  
PO Number:  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials:

FOR LABORATORY USE ONLY Page 1 of 1  
Job Number: WG957011-AI  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires:   
Card #:   
Cash / Check: \$ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 2-4-6 composite			10/11/95 11:50am		Phenols	
WWT 2-4-6 composite			10/11/95 11:50a		Oil & Grease	
Sample Comments:						

Sampled by: (Please Print) <u>TJ Turner</u>	Relinquished by: (Please Sign) <u>[Signature]</u>	Date <u>10/11/95</u>	Time <u>11:45 AM</u>	Received by: (Sign) <u>[Signature]</u>	Date <u>10/11/95</u>	Time <u>11:15 am</u>
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <u>[Signature]</u>	<u>10/11/95</u>	<u>7:31S</u>

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CIVILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON 2 BACK OF THE CLIENT COPY.

# COFFEY LABORATORIES, INC. CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET

## INSTRUCTIONS

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

## CONDITIONS

### PRICING AND CHARGES

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

### DELIVERY AND LIABILITY LIMITATIONS

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### CONFIDENTIALITY

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

### APPLICABLE LAW

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.





Report Date: October 6, 1995  
Job Number: 951003BH  
PO Number: Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 10/03/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951003BH-1	WWTs 1,3,5 Composite	Waste Water	10/03/95	1345

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

OCT 10 1995

KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002728



## Analytical Data

Koppers Industry

Job Number: 951003BH

Page Number: 2 of 2

Lab Sample ID: 951003BH-1

Field ID: WWTs 1,3,5 Composite

Date/Time: 10/03/95 1345

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	10/04/95	JAG
Total Phenols	EPA 420.1	0.05	ND	mg/L	10/04/95	PDB

ND means none detected at or above the detection limit listed.

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002729

**PORTLAND BRANCH**

12423 NE Whitaker Way

Portland, OR 97230

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.****CHAIN OF CUSTODY AGREEMENT****PENDLETON BRANCH**

287 SE First

Pendleton, OR 97801

(503) 276-0385

Report	Amos Kamerer
Attention:	
Company	Koppers Industries Inc
Name:	
Address:	7540 NW St Helens Road Portland OR 97210
Phone:	(503) 286-3681 FAX: (503) 285-2831
Report Instructions:	

Project	
Name:	
Project	
Number:	
PO Number:	
Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input checked="" type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY	Page _____ of _____
Job Number:	626 951003-134
Custabbr:	Koppers <input type="checkbox"/> NEW
<input type="checkbox"/> VISA <input type="checkbox"/> M/C Expires:	
Card #:	
Cash / Check: \$	#:
Billing Code:	1 2 3 4
QC LEVEL:	1 2 3 4
FEDX BUS COURIER UPS LAB <u>CLIENT</u> MAIL	

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT's 1, 3, 5 COMP			10-3-95 1:45 PM		oil & Grease	
WWT's 1, 3, 5 COMP			10-3-95 1:45 PM		Phenols	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brad Harwood	Brad Harwood	10-3-95	1:50 PM	Karen 2 Mykh	10/3/95	1:50 PM
White Copy - Laboratory Copy	Karen 2 Mykh	10/3/95	4:15 PM	LAB Mykh	11/3/95	10/5
SHADED AREAS FOR LABORATORY USE ONLY						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

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<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
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<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
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**CONDITIONS**

**PRICING AND CHARGES**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW St Helens Road

Portland, OR 97210

FACILITY Northwest Plant DEQ #47430

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)

101003

PERMIT NUMBER

(17-19)

12

DISCHARGE NUMBER

3077-J

47430

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM

YEAR MO DAY  
95 12 01

(20-21) (22-23) (24-25)

TO

YEAR MO DAY  
95 12 31

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	14,194		GPD					n/a	12/31	Est.
	PERMIT REQUIREMENT										
Temperature	SAMPLE MEASUREMENT				42	49	54		0	12/31	Grab
	PERMIT REQUIREMENT						110	F			
pH	SAMPLE MEASUREMENT				6.3	6.4	6.4		0	12/31	Grab
	PERMIT REQUIREMENT				6.0		9.0	SU			
Oil & Grease	SAMPLE MEASUREMENT				n.d.	n.d.	n.d.		0	12/31	Grab
	PERMIT REQUIREMENT				n/a	10	15	mg/L			
Phenols	SAMPLE MEASUREMENT				n.d.	.11	.10		0	12/31	Grab
	PERMIT REQUIREMENT				n/a	0.5	0.7	mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	APRIS S. Kameron, Plant Mgr	TELEPHONE		DATE		
R. D. Collins, V.P. TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 AREA CODE	286-3681 NUMBER	96 YEAR	01 MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

4th Quarter PAH test results are attached.



### Analytical Data

Koppers Industry

Job Number: 951211AO

Page Number: 4 of 4

Lab Sample ID: 951211AO-2

Field ID: WWT 1-3-5

Date/Time: 12/11/95 1430

Matrix: Waste Water

EPA Category: Extractable Organics

Analysis Performed: EPA 8310; Polynuclear Aromatic Hydrocarbons by HPLC.

Analysis Date: 12/13/95

Analyst: DJM

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Acenaphthene	150.	ND	ND
Acenaphthylene	150.	ND	ND
Anthracene	30.	ND	ND
Benzo(a)anthracene	1.5	ND	7.
Benzo(b)fluoranthene	1.5	ND	9.
Benzo(k)fluoranthene	0.75	ND	5.7
Benzo(g,h,i)perylene	4.5	ND	ND
Benzo(a)pyrene	1.5	ND	12.
Chrysene	15.	ND	ND
Dibenzo(a,h)anthracene	4.5	ND	ND
Fluoranthene	15.	ND	ND
Fluorene	60.	ND	ND
Indeno(1,2,3-cd)pyrene	7.5	ND	ND
Naphthalene	150.	ND	ND
Phenanthrene	40.	ND	ND
Pyrene	30.	ND	ND

Results expressed as  $\mu\text{g/l}$  unless otherwise noted.

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002733



Report Date: December 30, 1995  
Job Number: 951227L  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 12/27/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951227L-1	WWT 1-3-5	Waste Water	12/27/95	1100

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

  
Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

JAN - 3 1995

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002734



### Analytical Data

Koppers Industry

Job Number: 951227L

Page Number: 2 of 2

Lab Sample ID: 951227L-1

Field ID: WWT 1-3-5

Date/Time: 12/27/95 1100

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/27/95	AB
Total Phenols	EPA 420.1	0.05	0.19	mg/L	12/28/95	PDB

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002735



12/27/95

WWT

pH 6.4

42°F

**PORTLAND BRANCH**  
12423 NE Whitaker Way  
Portland, OR 97230  
(503)254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY AGREEMENT**

**PENDLETON BRANCH**  
287 SE First  
Pendleton, OR 97801  
(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Rd  
Portland OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name:  
Project  
Number:  
PO Number:  
Sample Turnaround  
☐ Standard  
☐ Priority (1.5x Std. Fee)  
☒ Rush (2x Std. Fee)  
☐ Emergency (3x Std. Fee)  
Reporting Request  
☐ FAX (T-35)  
☐ Verbals (T-1157)  
☐ Extra Report Copy (T-1402)  
(Fees Associated)  
Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: WG951227L -1  
Custabbr: Koppers ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ #:  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
FEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 1-3-5			12/27/95 11 am	W/W	Phenols	
WWT 1-3-5			12/27/95 11 am	✓	026	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brad Henwood	<u>Brad Henwood</u>	12/27/95	11:50	<u>Karen Z. M. G.</u>	12/27/95	11:00
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY		<u>Karen Z. M. G.</u>	12/27/95 11:50	LAB <u>Quinn A. Ryan</u>	12-27-95	11:50

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002737

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

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<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
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<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: December 14, 1995  
Job Number: 951211AO  
PO Number: Amos Kamerer-Verbal  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The samples were received on 12/11/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951211AO-1	WWT 2-4-6	Waste Water	12/11/95	1430
951211AO-2	WWT 1-3-5	Waste Water	12/11/95	1430

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

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Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

**RECEIVED**

DEC 20 1995  
KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002739



### Analytical Data

Koppers Industry

Job Number: 951211AO

Page Number: 2 of 4

Lab Sample ID: 951211AO-1

Field ID: WWT 2-4-6

Date/Time: 12/11/95 1430

Matrix: Waste Water

EPA Category: Conventional Parameters

<u>Parameter</u>	<u>Method</u>	<u>Detection Limit</u>	<u>Analytical Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>Analyst</u>
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/12/95	AB
Total Phenols	EPA 420.1	0.05	0.10	mg/L	12/12/95	PDB

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002740



### Analytical Data

Koppers Industry

Job Number: 951211AO

Page Number: 3 of 4

Lab Sample ID: 951211AO-2

Field ID: WWT 1-3-5

Date/Time: 12/11/95 1430

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/12/95	AB
Total Phenols	EPA 420.1	0.05	0.15	mg/L	12/12/95	PDB

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002741

12/11/95

WWT 1-3-5

pH 6.3

50°F

12/11/95

WWT 2-4-6

54°F

pH 6.4



**PORTLAND BRANCH**

12423 NE Whitaker Way

Portland, OR 97230

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.****CHAIN OF CUSTODY AGREEMENT****PENDLETON BRANCH**

287 SE First

Pendleton, OR 97801

(503) 276-0385

Report  
Attention: Amos Kamerer  
Company  
Name: Koppers Industries Inc  
Address: 7540 NW St Helens Rd  
Portland, OR 97210  
Phone: (503) 286-3681 FAX: (503) 285-2831  
Report Instructions:

Project  
Name: \_\_\_\_\_  
Project  
Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Sample Turnaround Reporting Request  
☐ Standard ☐ FAX (T-35)  
☐ Priority (1.5x Std. Fee) ☐ Verbals (T-1157)  
☒ Rush (2x Std. Fee) ☐ Extra Report Copy (T-1402)  
(Fees Associated)  
☐ Emergency (3x Std. Fee) Initials: \_\_\_\_\_

FOR LABORATORY USE ONLY Page \_\_\_\_ of \_\_\_\_  
Job Number: 951211 AT  
Custabbr: \_\_\_\_\_ ☐ NEW  
☐ VISA ☐ M/C Expires: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Cash / Check: \$ \_\_\_\_\_ # \_\_\_\_\_  
Billing Code: 1 2 3 4  
QC LEVEL: 1 2 3 4  
PEDX BUS COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 2-4-6			12/11/95 2:30	CuPO <sub>4</sub>	Phenols	
WWT 2-4-6			12/11/95 2:30	HCl	Oil & Grease	
WWT 1-3-5			12/11/95 2:30	CuPO <sub>4</sub>	Phenols	
WWT 1-3-5			12/11/95 2:30	HCl	Oil & Grease	
WWT 1-3-5			12/11/95 2:30	Baked	PAH	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
Brad Harwood	<i>Brad Harwood</i>	12/11/95	2:30	<i>Chad R.</i>	12-11-95	2:30
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB <i>R.P.</i>	12/11/95	1510

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002744

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**I N S T R U C T I O N S**

<b>FOR LAB USE ONLY -</b>	All shaded areas are for laboratory use only. <u>Please Do Not Write in These Areas.</u>
<b>REPORT ATTENTION -</b>	Name of the person who receives the laboratory report.
<b>COMPANY NAME -</b>	Name of the company or individual requesting the analysis.
<b>REPORT ADDRESS -</b>	Address of the company or individual requesting the analysis. (Address where report should be mailed)
<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
<b>SAMPLE COLLECTED BY -</b>	The person who collected the sample(s) signs here.
<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
<b>RECEIVED BY -</b>	The person who receives the sample(s) signs here and fills in the date/time received. The date and time should be same as "Relinquished by" unless the sample(s) was/were shipped.
<b>JOB OR SAMPLE REMARKS -</b>	General sample or job remarks.

**C O N D I T I O N S**

**PRICING AND CHARGES**

Prices to be charged for work performed for CLIENT are those currently published in the Coffey Laboratories, Inc. (CLI) standard pricebook. CLIENT must notify CLI of price quotation at the time of the transfer of sample(s) to CLI. All submissions of samples with testing requirements to CLI will be understood to be an agreement for services. Any cancellation of testing requirements will result in charges being assessed on all testing completed prior to the notice of cancellation.

**DELIVERY AND LIABILITY LIMITATIONS**

CLI will analyze samples provided by CLIENT as requested by CLIENT in accordance with the procedures documented in the CLI Quality Assurance Plan (QAP). The maximum total liability assumed by CLI for work performed for CLIENT will in all cases be limited to the cost of the analysis. The specific format of the deliverable goods will be defined by CLIENT to CLI upon transfer of the samples to CLI. This warranty supersedes all other warranties.

**CONFIDENTIALITY**

CLI will use its best efforts to treat all information regarding work performed for CLIENT as proprietary and confidential to the maximum extent allowed by law. NO CLIENT information will be released without the written consent of the CLIENT billed for the work.

**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.



Report Date: December 6, 1995  
Job Number: 951204BH  
PO Number: Verbal-Amos Kamerer  
Project No: None Provided  
Project Name: None Provided

Amos Kamerer  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663

### Analytical Narrative

The sample was received on 12/04/95 by Coffey Laboratories, Inc. (CLI) Sample Reception personnel under strict chain of custody protocol. The following information was provided at the time of sample reception:

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
951204BH-1	WWT 2,4,6 Comp.	Waste Water	12/04/95	1415

The recommended holding time for each batch of analyses was in accordance with the data quality objectives as specified in the CLI Quality Assurance Plan unless otherwise noted.

Acceptable precision and accuracy were achieved for all analyses associated with this work order as demonstrated by the recoveries of the quality control samples analyzed concurrently with each batch.

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Rona A. Klueh  
Technical Director

RAK/atc

RECEIVED

DEC 11 1995

KOPPERS INDS., INC.  
PORTLAND, OR

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002746



### Analytical Data

Koppers Industry

Job Number: 951204BH

Page Number: 2 of 2

Lab Sample ID: 951204BH-1

Field ID: WWT 2,4,6 Comp.

Date/Time: 12/04/95 1415

Matrix: Waste Water

EPA Category: Conventional Parameters

Parameter	Method	Detection Limit	Analytical Result	Units	Analysis Date	Analyst
Oil & Grease	EPA 413.1	3.	ND	mg/L	12/05/95	AB
Total Phenols	EPA 420.1	0.05	ND	mg/L	12/05/95	PDB

ND means none detected at or above the detection limit listed.

**Coffey Laboratories, Inc.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002747

12/4/95

S/F

pH 6.4

WWT 2-4-6

**PORTLAND BRANCH**

12423 NE Whitaker Way

Portland, OR 97230

(503) 254-1794 FAX: (503) 254-1452

**COFFEY LABORATORIES, INC.****CHAIN OF CUSTODY AGREEMENT****PENDLETON BRANCH**

287 SE First

Pendleton, OR 97801

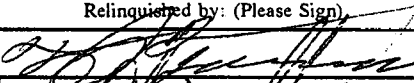


(503) 276-0385

Report	Amos Kainerer
Attention:	
Company	Koppers Industries Inc
Name:	
Address:	7540 NW St Helens Rd Portland OR 97210
Phone:	(503) 286 3681 FAX: (503) 285 2831
Report Instructions:	

Project	
Name:	
Project	
Number:	
PO Number:	
Sample Turnaround	Reporting Request
<input type="checkbox"/> Standard	<input type="checkbox"/> FAX (T-35)
<input type="checkbox"/> Priority (1.5x Std. Fee)	<input type="checkbox"/> Verbals (T-1157)
<input type="checkbox"/> Rush (2x Std. Fee)	<input type="checkbox"/> Extra Report Copy (T-1402) (Fees Associated)
<input type="checkbox"/> Emergency (3x Std. Fee)	Initials: _____

FOR LABORATORY USE ONLY		Page _____ of _____
Job Number:	951204 BC	
Custabbr:	<input type="checkbox"/> NEW	
<input type="checkbox"/> VISA <input type="checkbox"/> M/C Expires:		
Card #:		
Cash / Check: \$	#:	
Billing Code:	1 2 3 4	
QC LEVEL:	1 2 3 4	
FEDX	BUS	COURIER UPS LAB CLIENT MAIL

Sample ID	Loc.	ID	Collection Date / Time	Media	Analysis Requested	Test/Profile
WWT 2-4-6 composite			12/4/95 2:15	HCl	Oil & Grease	
WWT 2-4-6 composite			12/4/95 2:15	CuPOy	Phenols	
Sample Comments:						

Sampled by: (Please Print)	Relinquished by: (Please Sign)	Date	Time	Received by: (Sign)	Date	Time
T.J. Turner		12/4/95	2:15 pm		12/4/95	2:15 pm
White Copy - Laboratory Copy	Yellow Copy - Client Copy					
SHADED AREAS FOR LABORATORY USE ONLY				LAB 	12/4/95	1/6/95

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO CLI WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THE CLIENT COPY.

Koppers002749

**COFFEY LABORATORIES, INC.**  
**CHAIN OF CUSTODY INSTRUCTIONS/CONDITIONS SHEET**

**INSTRUCTIONS**

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<b>REPORT INSTRUCTIONS -</b>	A brief description of any special mail instructions, or address information pertaining to extra report copies.
<b>PROJECT NAME -</b>	Applies to customer project name. This data is provided at the customer's discretion.
<b>PROJECT NUMBER -</b>	Applies only to samples submitted by the customer. This data is provided at the customer's discretion.
<b>FIELD ID -</b>	A short description of the sample point (e.g., "Effluent from sand filter"). This description will appear on the report.
<b>COLLECTION DATE -</b>	The date on which the sample(s) was/were collected.
<b>COLLECTION TIME -</b>	The time at which the sample(s) was/were collected.
<b>MEDIA -</b>	This is a description of the sample media (e.g., drinking water, waste water, soil, etc.)
<b>ANALYSIS REQUESTED -</b>	Use one line for each analysis or group of analyses associated to a specific bottle.
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<b>RELINQUISHED BY -</b>	The sampler signs this box when he/she gives the sample to someone else, and then fills in the date/time the sample left his/her possession.
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**APPLICABLE LAW**

Legal matters arising from work performed by CLI for CLIENT will be construed and interpreted in accordance with the laws for the state of Oregon.

MONTHLY NPDES DISCHARGE REPORT WORK SHEET

MONTH <u>December</u> YEAR <u>95</u>													
FLOW													
	WWT-1	WWT-2	WWT-3	WWT-4	WWT-5	WWT-6	TOTAL	#DAYS IN	G.P.D.				
GLS. PER TANK	45,000	45,000	45,000	45,000	20,000	20,000		M O N T H	DISCHARGE				
# OF PUMPINGS	11	11	11	11	11	11	12						
GALS.PUMPED	90,000	90,000	90,000	90,000	90,000	90,000	440,000	31	14,194				
SAMPLE CONCENTRATION LEVELS													
TEMPERATURES	57	50	54	42						AVG.	MIN.	MAX.	UNIT
PH	6.4	6.3	6.4	6.4						6.4	6.3	6.4	OF
OIL & GREASES	ND	ND	ND	ND						ND	ND	ND	SU
PHENOLS	ND	.15	.10	.19						.11	ND	.10	MG/L
QUARTERLY PAH TESTING													
DATE SAMPLE TAKEN							12/11/95	RESULTS	33.7				
(MUST BE LESS THAN 1000)													





148214

## BACKFLOW PREVENTION DEVICE TEST REPORT

☐ NEW  
☐ REPLACEMENT

FIRM NAME: Koppers Inc  
DEVICE ADDRESS: 7540 NW ST HELENS RD  
Portland STREET  
CITY ZIP

DEVICE SIZE: 8.0.0 DEVICE MAKE: GLAVAL MODEL: RP  
WATER SYSTEM: Portland SERIAL NUMBER: PB 41  
DEVICE LOCATION: Boiler Room

INITIAL TEST	REDUCED PRESSURE DEVICE			PRESSURE VACUUM BREAKER		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE: <u>10/14/11</u>
	DOUBLE CHECK VALVE		CHECK #1	BREAKER		
	CHECK #1	CHECK #2		AIR INLET	CHECK	
TIGHT <input checked="" type="checkbox"/>	TIGHT <input checked="" type="checkbox"/>	RELIEF OPENED AT <u>12.2</u> PSID	OPENED AT <u>12.2</u> PSID	PRESS DROP <u>12.2</u> PSID		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	RELIEF VALVE PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>		
PRESS DROP <u>6.0</u> PSID						
REPAIRS AND/OR PARTS						
TEST AFTER REPAIR	TIGHT <input type="checkbox"/>	TIGHT <input type="checkbox"/>	#1 PRESS DROP <u>12.2</u> PSID RELIEF OPEN <u>12.2</u> PSID	OPENED AT <u>12.2</u> PSID	PRESS DROP <u>12.2</u> PSID	AFTER REPAIR DATE: <u>10/14/11</u>

DETECTOR METER READING

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE  
DEVICE HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE  
RULES AND REGULATIONS OF THE WATER SYSTEM OWNER AND THE STATE OF OREGON.

TESTER'S SIGNATURE: [Signature] GAUGE # 44 CERT # 90  
REPORT RECEIVED BY: [Signature] (REPRESENTATIVE OR FIRM)  
CUSTOMER COPY



200515

## BACKFLOW PREVENTION DEVICE TEST REPORT

☐ NEW  
☒ REPLACEMENTFIRM NAME: KOPPER'S COMPANY, INC.DEVICE ADDRESS: 7540 N.W. ST. HELEN'S RD.  
STREET  
PORTLAND, ORE.  
CITY ZIPDEVICE SIZE: 1.8.00 DEVICE MAKE: CLATVAL MODEL 111PWATER SYSTEM: PORTLAND SERIAL NUMBER: P1341  
DEVICE LOCATION: WEST END / BOILER RM (STK # 68313)

INITIAL TEST	REDUCED PRESSURE DEVICE			PRESSURE VACUUM BREAKER		INITIAL TEST PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> DATE: <u>09/23/97</u>
	DOUBLE CHECK VALVE		CHECK #1 RELIEF OPENED AT <u>13.3</u> PSID RELIEF VALVE PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	AIR INLET	CHECK	
	CHECK #1	CHECK #2		OPENED AT	PRESS DROP	
	TIGHT <input checked="" type="checkbox"/>	TIGHT <input checked="" type="checkbox"/>		<u>11.0</u> PSID	<u>11.0</u> PSID	
	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>		DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>	
	PRESS DROP <u>16.0</u> PSID					

REPAIRS AND/OR PARTS

TEST AFTER REPAIR	TIGHT <input type="checkbox"/>	TIGHT <input type="checkbox"/>	*1 PRESS DROP	OPENED AT	PRESS DROP	AFTER REPAIR DATE: <u>09/23/97</u>
			<u>11.0</u> PSID RELIEF OPEN <u>11.0</u> PSID			
				<u>11.0</u> PSID	<u>11.0</u> PSID	

DETECTOR METER READING: \_\_\_\_\_

IN COMPLETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE DEVICE HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE WATER SYSTEM OWNER AND THE STATE OF OREGON.

TESTERS SIGNATURE

01537  
GAUGE #C-1461  
CERT #REPORT RECEIVED BY: May Ture

(REPRESENTATIVE OR FIRM)

CUSTOMER COPY



CITY OF  
**PORTLAND, OREGON**  
BUREAU OF ENVIRONMENTAL SERVICES

Earl Blumenauer, Commissioner  
John Lang, Administrator  
1120 S.W. 5th, Rm. 400  
Portland, Oregon 97204-1972  
(503) 796-7740  
FAX: (503) 796-6995

August 29, 1990

Mr. John Oxford  
Koppers Industries  
7540 NW St. Hellens Rd.  
Portland, Or. 97210

Dear Mr. Oxford:

I would like to extend my thanks for your cooperation during my visit to your business on August 24, 1990. During the inspection your facility appeared very clean and organized, I did not noticed any industrial waste being discharged into the City sewer system. I am enclosing a Facility Inspection Follow-up in which indicates the status of your company with The Industrial Wastewater Section. If you have any further questions please call me at; 796-7568

Sincerely,

Miguel A. Santana  
Industrial Wastewater Technician

cc Harry Edmonds  
Tom Bottenberg  
file

Enclosure

**RECEIVED**

AUG 31 1990

KOPPERS INDS., INC.  
PORTLAND, OR

Engineering  
Bill Gaffi  
796-7181

Business Operations  
Bob Rieck  
796-7133

Wastewater Treatment  
Ross Peterson  
265-0205

Customer/Employee Affairs  
Karen Kramer  
796-7062

Koppers002754

August 29, 1990

Mr. John Oxford  
Koppers Industries  
7540 NW St. Hellens Rd.  
Portland, Or. 97210

Dear Mr. Oxford:

The City of Portland, Industrial Waste section has recently completed an inspection of your facility. After review of your completed survey and site inspection report your industrial classification is listed below:

FACILITY:

- ☐ Categorical Industrial User (CIU)  
☐ Significant Industrial User (SIU)  
XX General Industrial User  
☐ Other (see any attached sheet)

WASTE DISCHARGE:

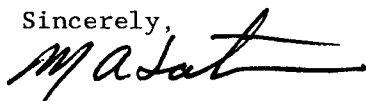
- ☒ Sanitary Only  
☐ Sanitary & Process  
☐ Sanitary & Pretreated Process  
☐ Other (see any attached sheet)

INDUSTRIAL WASTE DISCHARGE PERMIT:

- ☐ Required ☒ Not Required

Thank you for your cooperation with the City of Portland in the implementation of our Industrial Pretreatment Program. If you have any questions about the City's Industrial Monitoring Program please call me at: 796-7568.

Sincerely,



Miguel A. Santana  
Industrial Wastewater Technician

cc. HGE  
TEB  
file

COFFEY LAB RESULTS 1993



DOC ID: c:\clom\form\logfax.log  
Revision #: 1.01  
Revision Date: April 30, 1992

## FACSIMILE TRANSMITTAL LOG

TO: Company Name: Koppers  
Attention: John Oxford  
Phone #: (    ) 285-2831

Date: 3/29/93

# of Pages (Including Cover Sheets): 2

TELECOPIER PHONE #: (503) 254-1452

CONFIRMATION PHONE #: (503) 254-1794

COMMENTS:

Ill for a typed copy later today

Post-It™ brand fax transmittal memo 7671

# of pages 1

To: Bill Swearingen

From: J Oxford

Co. K-1800

Co. Portland

Dept.

Phone #

Fax #

Fax #

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Doc. ID: 8310.FOR  
Volume:  
Section:  
Revision #: 1.00  
Date: January 28, 1992  
Page 1

Analysis Requested: Polynuclear Aromatic Hydrocarbons in Water by EPA Method 8310, HPLC.

Client: Koppers Job # W6 930302 AY-3  
Analyst: DH:VB Report Date: 3/26/93  
Date Analyzed: 3/26/93 Date Extracted: 3/8/93  
Logbook Reference: Log 346 p. 30 Reviewed \_\_\_\_\_  
Prep. Info/Comments:

Units: ug/l

P.A.H. T-1

COMPOUND	DETECTION LIMIT	LABORATORY BLANK	(AY3)	
Acenaphthene	10		ND	
Acenaphthylene	10		↓	
Anthracene	0.1		↓	
Benzo(a)anthracene	1.0		7.2	✓
Benzo(b)fluoranthene	2.0		ND	
Benzo(k)fluoranthene	2.0		↓	
Benzo(g,h,i)perylene	4.0		↓	
Benzo(a)pyrene	2.0		6.3	✓
Chrysene	1.0		7.2 (4.0)	✓
Dibenzo(a,h)anthracene	4.0		ND	
Fluoranthene	2.0		12.5	✓
Fluorene	2.0		5.7 (ND)	
Indeno(1,2,3-cd)pyrene	4.0		ND	
Naphthalene	8.0		↓	
Phenanthrene	2.0		5.4	✓
Pyrene	4.0		11.8	✓



*Put in Coffey Lab File*

John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

January 14, 1993  
Document ID Q30114A.RDR  
Profile # 1137  
Custabbr Koppers

ATTENTION: John Oxford

SUBJECT: Price Quotation for Quarterly Analyses

As per your request, Coffey Laboratories is pleased to submit the following price quotation for your consideration. This price quote is a confirmation of our telephone conversation in December. Please call us prior to your sampling so that we can provide the special bottles required for th PAH test.

Koppers: Quarterly Test	Price
Phenols: Total Phenols by 4AAP Distillation	\$28.00
Oil and Grease: by Infrared Spectroscopy	\$29.00
Org: PAH EPA 8310; Aqueous Matrix	\$180.00
Total	\$237.00

Please feel free to call our Customer Services Department should you have any questions.

Sincerely,

Richard D. Reid  
Cust Services/Marketing Mgr

1/21/93

Post-It™ brand fax transmittal memo 7671		# of pages ▾ /
To <i>Wm Swesberger</i>	From <i>John Oxford</i>	
Co. <i>K-1800</i>	Co. <i>Portland</i>	
Dept.	Phone #	
Fax #	Fax #	

RECEIVED

JAN 19 1993

KOPPERS INDS., INC.  
PORTLAND, OR

COFFEY LABORATORIES, INC.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002759





Report Date: January 5, 1993

Job#: WG-921230AG-2

PO#: VERBAL JOHN (O&G/Phenols)

Project#: None

Project: None

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 12/30/92

Lab No.	Field Identification	Sample Matrix	Date	Time
1	WW TK #3	Waste Water	12-30-92	1400
2	WW TK #4	Waste Water	12-30-92	1400

**ANALYTICAL RESULTS:**

<u>PARAMETER</u>	<u>METHOD</u>	<u>DETECTION LIMITS</u>	<u>WW TK #3 RESULTS</u>	<u>WW TK #4 RESULTS</u>
Oil & Grease	EPA 413.2	0.5	1.2	1.2
Total Phenols	EPA 420.1	0.05	0.17	0.19

Results expressed as mg/L unless otherwise noted.

Sincerely,

Susan M. Coffey,  
President

SMC/lws

This report is for the sole and exclusive use of the above-named client. Samples are retained 15 days from the report date, or until holding time expires. Results pertain only to samples submitted.

**RECEIVED**

JAN - 7 1993

KOPPERS INDS., INC.  
PORTLAND, OR

**COFFEY LABORATORIES, INC.**

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Koppers002760

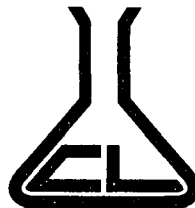
— COFFEY LAB RESULTS 1992

—

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**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

**CHAIN OF CUSTODY**

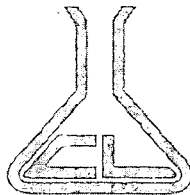
PROJECT #:	PROJECT NAME: NPDES BASELINE COMPLIANCE	P.O. #:	PAGE <u>1</u> of <u>2</u> PAGES PLEASE PRINT OR TYPE	FOR LABORATORY USE ONLY	
COMPANY NAME: Koppers	REPORT ATTENTION: JOHN OXFORD			JOB #:	
SAMPLES COLLECTED BY: T.J. TURNER / J COFFEY				CUSTABBR:	
FIELD IDENTIFICATION: ONE LINE PER SAMPLE CONTAINER	LAB LOC ID	COLLECTION DATE TIME	MEDIA	ANALYSIS REQUESTED	ANALYSIS REMARKS
		5/14/92 9:30 AM		BOD, TSS, PH, CHLORINE Residual	
				COD	
				TOC	
				Ammonia, Nitrate, Nitrite, Organic Nitrogen	
				Bromide	
				Colour, F	
				Fecal Coliform	
				oil & grease	
				Phosphorus, Sulfate, Sulfide	
				Sulfide	
				MBAS	
				Al, Ba, B, Co, Fe, Mg, Mo, Mn	
				Ti, Sn, Sb, As, Be, Cd, Cr,	
				Cu, Pb, Hg, Ni, Se, Ag, Te, Zn	
RELINQUISHED BY: <i>[Signature]</i> 5/14/92 9:30	DATE/TIME	RECEIVED BY: <i>[Signature]</i> 5/14/92 0930	DATE/TIME	LAB USE:	
RELINQUISHED BY:	DATE/TIME	RECEIVED BY LAB:	DATE/TIME		
SAMPLE REMARKS:	LEVEL 1 2 3 4		EXPRESS UPS MAIL CXX GREY TAXI LAB		

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PINK COPY - CLIENTS COPY

 SHADED AREA FOR LABORATORY USE ONLY  
**CHAIN OF CUSTODY INSTRUCTIONS ON BACK OF PINK COPY**

# COFFEY LABORATORIES, INC.



## CHAIN OF CUSTODY INFORMATION / INSTRUCTIONS SHEET

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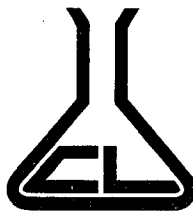
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**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".

## CHAIN OF CUSTODY



(503) 276-0385

[illegible]

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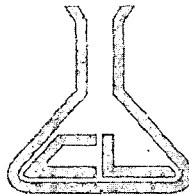
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(7/90)

Koppers002764

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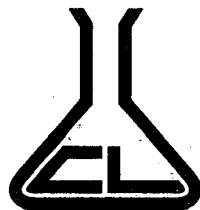
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**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

**CHAIN OF CUSTODY**

PROJECT #:	PROJECT NAME: NPDES BASELINE	P.O. #:	PAGE 1 of 2 PAGES PLEASE PRINT OR TYPE	FOR LABORATORY USE ONLY	
COMPANY NAME: Koppers				JOB #:	
REPORT ATTENTION: JOHN OXFORD					
SAMPLES COLLECTED BY:				CUSTABBR:	
FIELD IDENTIFICATION: ONE LINE PER SAMPLE CONTAINER	LAB LOC ID	COLLECTION DATE TIME	MEDIA	ANALYSIS REQUESTED	ANALYSIS REMARKS
				BOD, TSS, pH, Chlorine Residual	
				COD	
				TOC	
				Ammonia, Nitrate, Nitrite, Organic Nitrogen	
				Bromide	
				Color, F,	
				F.C.	
				Oil + grease	
				Phosphorus, Sulfate, Sulfite	
				Sulfide (ZnAc)	
				MBAS	
				Al, Ba, B, Co, Fe, Mg, Mo, Mn, Ti, Sn, Sb, As, Be	
				Cd, Cr, Cu, Pb, Hg, Ni, Se, Ag, TL, Zn	
				CN	
RELINQUISHED BY: <i>[Signature]</i>	5-13-92	DATE/TIME	RECEIVED BY: <i>[Signature]</i>	5-13-92	DATE/TIME
	12:50			12:50	
RELINQUISHED BY:	DATE/TIME	RECEIVED BY LAB:	DATE/TIME	LAB USE:	
SAMPLE REMARKS:		LEVEL 1 2 3 4	EXPRESS UPS MAIL CXX GREY TAXI LAB		

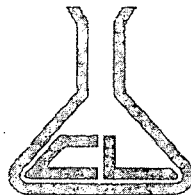
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Koppers002766

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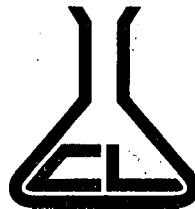
**SAMPLES SHIPPED VIA** — How the samples are being shipped to the laboratory, e.g., "UPS".



**COFFEY LABORATORIES INC.**

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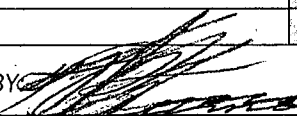
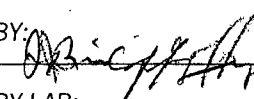
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**COFFEY LABORATORIES - PENDLETON BRANCH**

287 S.E. FIRST, PENDLETON, OR 97801

(503) 276-0385

**CHAIN OF CUSTODY**

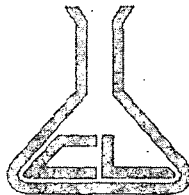
PROJECT #:	PROJECT NAME:	P.O. #:	PAGE <u>2</u> of <u>2</u> PAGES PLEASE PRINT OR TYPE		FOR LABORATORY USE ONLY	
COMPANY NAME: REPORT ATTENTION:					JOB #:	
SAMPLES COLLECTED BY:					CUSTABBR:	
FIELD IDENTIFICATION: <small>ONE LINE PER SAMPLE CONTAINER</small>	LAB: LOC ID	COLLECTION DATE TIME	MEDIA	ANALYSIS REQUESTED		ANALYSIS REMARKS
				Phenols		
RELINQUISHED BY:  53173972 13750	DATE/TIME	RECEIVED BY:  5312-8242	DATE/TIME	LAB USE:		
RELINQUISHED BY:	DATE/TIME	RECEIVED BY LAB:	DATE/TIME			
SAMPLE REMARKS:	LEVEL	1	2	3	4	EXPRESS UPS MAIL CXX GREY TAXI LAB

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Report Date: March 13, 1992

Job#: WG-920310AJ-1

PO#: VERBAL JOHN  
(O&G/Phenols)

Project#: None

Project: None

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 03/10/92

Lab No.	Field Identification	Sample Matrix	Date	Time
1	Tank 65	Waste Water	03-10-92	1406

**ANALYTICAL RESULTS:**

PARAMETER	METHOD	DETECTION LIMITS	TANK 65 RESULTS
pH (S.U.)	EPA 150.1	--	6.19
Oil & Grease	EPA 413.2	0.5	trace
Total Phenols	EPA 420.1	0.05	ND
Residual Chlorine	SM 408E	0.01	0.03

Results expressed as mg/L unless otherwise noted.

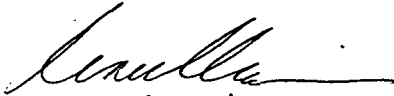
ND means none detected at or above the detection limit listed.

SM means Standard Methods for the Examination of Water and Wastewater, 1985, 16th Edition.

Sincerely,

RECEIVED

MAR 1 1992

  
Renee Chauvin  
Technical Director

RJC/lws

KOPPERS INDS. INC.  
PORTLAND, OR

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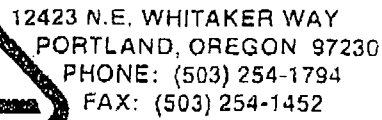
Volume: FORM  
 Section: 4.0  
 Revision #: 1.00  
 Date: December 23, 1991

Wastewater Analysis Form

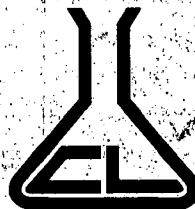
Parameter	Method	Detection Limit	Test 65		Units
pH	EPA 150.1	---	6.19		S.U.
Flash Point	EPA 1020	---			°F
TSS	EPA 160.2	1			mg/L
BOD	EPA 405.1	1			mg/L
COD	EPA 410.4	1			mg/L
Oil & Grease	EPA 413.2	0.5 <del>0.5</del>	Trace		mg/L
Total Cyanide	EPA 335.2	0.02			mg/L
Free Cyanide	SM 412-H	0.02			mg/L
Ammonia	SM 417-A,D	0.1			mg/L
Fluoride	EPA 340.2	0.2			mg/L
Total Phenols	EPA 420.1	0.05	ND		mg/L
Total Sulfides	SM 427-C	0.05			mg/L
Cadmium	*	0.005			mg/L
Chromium	*	0.05			mg/L
Copper	*	0.05			mg/L
Lead	*	0.1			mg/L
Mercury	EPA 7470	0.005			mg/L
Nickel	*	0.05			mg/L
Silver	*	0.05			mg/L
Zinc	*	0.05			mg/L
Residual Chlorine	SM 408E	0.01	0.03		mg/L
					mg/L

Add on  
 EPA 601/601 \_\_\_\_\_ EPA 624 \_\_\_\_\_ EPA 625 \_\_\_\_\_ QC \_\_\_\_\_

03.12.92 08:28AM \*COFFEE LAB



## CHAIN OF CUSTODY



(503) 276-0385

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— COFFEY LAB RESULTS 1991 —





Report Date: November 27, 1991  
Job#: WG-91119AP-2  
PO#: VERBAL JOHN  
(O&G/Phenols)

Attention: John Oxford  
Koppers Industry  
7540 NW St. Helens Rd.  
Portland, OR 97210

**SAMPLE INFORMATION:**

Date Samples Were Received By Laboratory: 11/19/91

Lab No.	Field Identification	Sample Matrix	Date	Time
1	W-W-T-3	Waste Water	11-19-91	1540
2	W-W-T-4	Waste Water	11-19-91	1540

**ANALYTICAL RESULTS:**

PARAMETER	METHOD	DETECTION LIMITS	W-W-T-3 RESULTS	W-W-T-3 RESULTS
Oil & Grease	EPA 413.2	0.5	0.8	0.8
Total Phenols	EPA 420.1	0.05	0.19	0.12

Results expressed as mg/L unless otherwise noted.

Sincerely,

Renee Chauvin  
Technical Director

RJC/lws

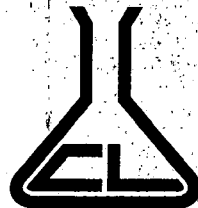
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(503) 276-0385

## CHAIN OF CUSTODY

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— COFFEY LAB RESULTS 1990 —



# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OR 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

*File to  
George*

May 16, 1990  
Log # A900503-AC

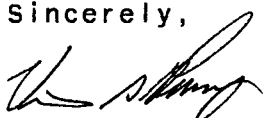
Koppers Co., Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663  
Attention: John Oxford

Sample Collected: 5/3/90, 1430 hrs  
Sample Received: 5/3/90  
Sample ID: Koppers Outfall

ANALYSIS	METHOD	DETECTION LIMIT	SAMPLE
-----	-----	-----	-----
Oil & Grease	EPA 413.2	0.2	0.7
Total Phenols	EPA 420.1	0.05	0.30

Results expressed as mg/L unless otherwise noted.

Sincerely,

  
Victor A. Perry,  
Quality Assurance

Sincerely,

  
Renee Chauvin,  
Technical Director

RJC/mlh

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

RECEIVED

MAY 2 / 1990

KOPPERS INDS., INC.  
PORTLAND, OR

Koppers002780

DEQ Case Number: \_\_\_\_\_

DEPARTMENT OF ENVIRONMENTAL QUALITY

SPLIT SAMPLE RESULTS REPORT

Source Name: Koppers Ind Inc. Sample Date: 5-3-90  
 Contact Person: John A Oxford Phone: 286-3681  
 Address: 7540 N.W. St Helens Rd  
 Collected By: Oxford & Wilson Region/Division: N.W. Region

	FIELD MEASUREMENTS*			SOURCE SAMPLE RESULTS			DEQ LAB RESULTS		
	Influent	Effluent grab	Effluent comp	Influent	Effluent grab	Effluent comp	Influent	Effluent grab	Effluent comp
CBOD or BOD <sup>+</sup>									
Suspended Solids									
Fecal Coliform <sup>A</sup>	MPN MF	MPN MF	MPN MF	MPN MF	MPN MF	MPN MF	MPN MF	MPN MF	MPN MF
Chlorine Residual									
pH					6.7				
Temp					61°				
Oil & Grease					0.7				
Phenols					0.30				

\*DEQ sampler - enter field measurements, if taken; indicate whether they are estimates.

<sup>+</sup>CBOD is when nitrification inhibitor is used in the BOD test. Circle the appropriate test.

<sup>A</sup>Indicate if analysis is by MPN or MF.

Date/Time BOD's set up at source lab: \_\_\_\_\_ Date/Time BOD's set up at DEQ lab: \_\_\_\_\_  
 Date/Time FC's set up at source lab: \_\_\_\_\_ Date/Time FC's set up at DEQ lab: \_\_\_\_\_

Fill in your split sample results and mail to:

*Mailed to*

*DEQ 5-21-90*

DEQ Lab  
 1712 SW 11th Ave.  
 Portland, OR 97201  
 Attn: QA Chemist

NOTE - This form does not replace the "Request for Analysis" laboratory form.

Koppers002781

12423 N.E. WHITAKER WAY  
PORTLAND, OREGON 97230

**(503) 254-1794**  
**FAX (503) 254-1452**

[illegible]

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**COFFEY LABORATORIES, INC.**

12423 N.E. WHITAKER WAY

PORTLAND, OR 97230

PHONE: (503) 254-1794

FAX: (503) 254-1452

**CHAIN OF CUSTODY INFORMATION / INSTRUCTION SHEET**

**PROJECT NUMBER** -- Applies only to samples submitted by the company. This data is provided at the companies discretion.

**PROJECT NAME** -- Your company's project name. This data is provided at the company's discretion.

**COMPANY NAME** -- Name of the Company or individual requesting the analysis from Coffey Laboratories, Inc.

**REPORT ATTENTION** -- Name of the person who receives the laboratory report.

**SAMPLE COLLECTED BY** -- The person who took the sample signs this box and gives his/her title.

**FIELD ID** -- A short description of the sample point (For example; "Effluent from sand filter"). This description will appear on the report. Use one line per sample bottle.

**COLLECTION DATE** -- The date on which the sample(s) was/were collected.

**COLLECTION TIME** -- The time at which the sample(s) was/were collected.

**MEDIA** -- This is a description of the sample matrix.

**ANALYSIS REQUESTED** -- Make one column for each parameter or group of parameters associated to a bottle.

**FOR LAB USE ONLY** -- Do not mark in this area (Laboratory location & ID). All shaded areas are for laboratory use only. Please do not write in these areas.

**REMARKS** -- Record any comments about each sample on the same line as the sample description, e.g., "Wastewater contains VOCs".

**RELINQUISHED BY** -- The sampler signs this box when he/she gives the sample to someone else, and then fills in the date and time they left his possession.

**RECEIVED BY** -- The person who receives the samples signs here and fills in the date and time received. The date and time should be the same as the last one unless the samples were shipped.

**SAMPLE REMARKS** -- Record any comments regarding the sample(s) as a whole or information pertinent to the sample.

**SAMPLES SHIPPED VIA** -- How the samples are being shipped to the laboratory, e.g., "UPS".





# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY  
PORTLAND, OR 97230  
PHONE: (503) 254-1794  
FAX: (503) 254-1452

*George*

May 14, 1990  
Log #A900427-Q3  
PO: Verbal John

Koppers Co., Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97210-3663  
Attention: John Oxford

Samples Received: 04/27/90

Sample ID: #1 - W-W-T-3 04/27/90 1100 hrs.  
#2 - W-W-T-4 04/27/90 1100 hrs.  
#3 - Outfall - DEQ Split 04/26/90 1030 hrs.  
05/02/90 1225 hrs.

PARAMETER	METHOD	DETECTION LIMITS	#1	#2	#3	UNITS
Oil & Grease	EPA 413.2	0.2	0.8	0.9	0.7*	mg/L
Total Phenols	EPA 420.1	0.05	0.34	0.31	0.36*	mg/L

\*This sample was incorrectly collected and preserved by DEQ personnel and these data can only be considered as approximate results

Sincerely,

Victor A. Perry,  
Quality Assurance

Sincerely,

Renee Chauvin,  
Technical Director

RJC/lws

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## RECEIVED

MAY 18 1990

KOPPERS INDS., INC.  
PORTLAND, OR

Koppers002784



# COFFEY LABORATORIES, INC.

12423 N.E. WHITAKER WAY

PORTLAND, OR 97230

PHONE: (503) 254-1794

FAX: (503) 254-1452

March 20, 1990

Log #A900309-Z3

Koppers Company, Inc.  
7540 NW St. Helens Road  
Portland, OR 97210-3663  
Attention: John Oxford

Sample Collected: 03/05/90

Sample Received: 03/09/90

ANALYSIS REQUESTED: Hydrocarbon Scan in water, by EPA Method 815, GC/FID.

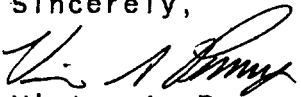
ANALYSIS	DETECTION LIMIT	KOPPERS* OUTFALL RESULTS	SAINT HELENS ROAD RESULTS	CULVERT FROM RIVERGATE ROCK RESULTS
Gasoline	250	3200	ND	ND
Diesel	500	ND	ND	ND

Results expressed as ug/L unless otherwise noted.

ND means none detected at or above the detection limit listed.

\* The contamination in the sample contains the major components of gasoline and some other components. It may actually be a paint thinner or a fuel other than gasoline.

Sincerely,

  
Victor A. Perry,  
Quality Assurance

Sincerely,

  
Renee Chauvin,  
Technical Director

RJC/daj

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# RECEIVED

MAR 23 1990

KOPPERS INDS., INC.  
PORTLAND, OR

Koppers002785

12423 N.E. WHITAKER WAY  
PORTLAND, OREGON 97230

**(503) 254-1794**  
**FAX (503) 254-1452**

PROJECT #:		PROJECT NAME:		PAGE _____ OF _____ PAGE(S) PLEASE PRINT OR TYPE			FOR LABORATORY USE ONLY	
COMPANY NAME: REPORT ATTENTION: Koppers								JOB#: A90309-23
SAMPLES COLLECTED BY:								CUSTABBR: Koppers
FIELD IDENTIFICATION:		LAB LOC ID		COLLECTION DATE TIME MEDIA		ANALYSES REQUESTED		ANALYSIS REMARKS:
ONE LINE PER SAMPLE CONTAINER								
Koppers Outfall				3/5/90 — H <sub>2</sub> O		DEQ Hydrocarbon Scan		
St Helens Rd discharge				f f f		f f		f + d
Culvert from Riverside Rack								Lumen
RELINQUISHED BY:				DATE/TIME		RELINQUISHED BY:		DATE/TIME LAB USE:
RELINQUISHED BY: George Hoffman				DATE/TIME 3-9-90		RECEIVED BY LAB: AEN 7/9/90 1530		DATE/TIME
SAMPLE REMARKS: Collected during storage						EXPRESS UPS MAIL CXX GREY TAXI LAB		

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(1/90)

Koppers002786

**COFFEY LABORATORIES, INC.**

12423 N.E. WHITAKER WAY

PORTLAND, OR 97230

PHONE: (503) 254-1794

FAX: (503) 254-1452

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**SAMPLES SHIPPED VIA** -- How the samples are being shipped to the laboratory, e.g., "UPS".

Coffey Labs

Chain of Custody

Field Loc -

WW T1

WW T2

out let

Analysis

B, T, X, E

B, T, X, E

B, T, X, E

Koppers Rep George Hoffman 1-24-90

1/24/90 Rec. by Linda Mae Gye 1/24/90 345pm

12423 N.E. WHITAKER WAY  
PORTLAND, OREGON 97230

(503) 254-1794  
FAX (503) 254-1452

[illegible]

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SHADED AREA FOR LABORATORY USE ONLY

Koppers002789

COFFEY LABORATORIES  
12423 NE WHITAKER WAY  
PORTLAND, OREGON 97230  
503-254-1794; FAX: 254-1452

MAIL CONFIRMATION:

THIS SECTION FOR LABORATORY USE ONLY  
LABORATORY LOG#: 191123-K4  
CUSTABBR: Koppers NEW: \_\_\_\_\_  
DUE DATE: 1/26/90 YES ☒ R F C  
VERBALS RESULTS: YES NO  
TYPING DUE DATE: 1/29/90  
PAYMENT CODE: 3  
PAYMENT BY: CASH CHECK: \_\_\_\_\_ #: \_\_\_\_\_  
DELIVERY BY: XX DATE/TIME: \_\_\_\_\_

### LABORATORY REPORT INFORMATION:

COMPANY NAME: Koppers Co., Inc.  
MAILING ADDRESS: 7540 NW St. Helens Rd.  
CITY, STATE, ZIP: Portland  
REPORT ATTENTION: John Oxford  
REPORT CMMNTS: -0-

OR 97210-3663  
PHONE: 503-286-3681

S/E REPORT ATTENTION: \_\_\_\_\_

DO YOU NEED VERBAL RESULTS? YES ☒ NO PHONE VERBAL RESULTS TO: \_\_\_\_\_  
PICK-UP / DELIVERY ADDRESS: \_\_\_\_\_

### BILLING INFORMATION:

BILLING NAME: Koppers Co., Inc.  
BILLING ADDRESS: 7540 NW St. Helens Rd.  
CITY, STATE, ZIP: Portland  
BILLING ATTENTION: John Oxford  
BILLING COMMENTS: -0-

OR 97210-3663  
PHONE: 503-286-3681

### PO INFORMATION

DO YOU HAVE A QUOTE NUMBER FOR THIS JOB? YES / NO QUOTE #: \_\_\_\_\_  
DOES YOUR COMPANY USE PO# ? YES / NO IF NO PLEASE INITIAL HERE: \_\_\_\_\_  
STANDING PO#: VERBAL JOHN (O&G/Phenols-#35)  
JOB RELEASE P.O.: \_\_\_\_\_

### COMMENT FIELD:

### PAYMENT AUTHORIZATION:

RUSH SURCHARGE (2 x standard price) INITIAL HERE: X B H  
PRIORITY SURCHARGE (1.5 x standard price) INITIAL HERE: \_\_\_\_\_  
STANDARD SURCHARGE (standard price) INITIAL HERE: \_\_\_\_\_

VERIFICATION OF REPORT INFORMATION, BILLING INFORMATION AND SURCHARGE AUTHORIZATION:

Signature George Haffman

Date: 1-23-90 Time: 11:14 AM

Place  
Stamp  
Here

*Mailed 2/26/92*

Oregon DEQ  
Hazardous & Solid Waste Division  
Attn: Hazardous Waste Forms Clerk  
811 SW Sixth Avenue  
Portland, Oregon 97204



**This site is exempt from the requirement to file 1991 Hazardous Waste Reporting Forms because:**

1. The facility is **not** an RCRA Small or Large Quantity Hazardous Waste Generator. The facility (check one):

☒ Generates **no** hazardous waste

☐ Is a Conditionally Exempt Small Quantity Generator (CEG)

☐ Other (please explain): \_\_\_\_\_

and,

2. This facility is **not** a hazardous waste Treatment, Storage and Disposal facility (TSD), and

3. This facility is **not** a designated hazardous waste recycling facility

**It is expected that this site will remain exempt from the requirement to file Hazardous Waste Reporting Forms (check one):**

☐ For 1991 only

☒ Permanently

☐ Other (please specify): \_\_\_\_\_

RCRA EPA/DEQ ID Number (if available): ORD 0277343

Facility Name: KOPPERS INDUSTRIES INC

Facility Location Address: 7540 NW ST HELENS RD PORTLAND OR 97210

Contact Name: JOHN A OXFORD

Phone Number of Contact: ( 503 ) 286-3681

SPILL PREVENTION CONTROL & COUNTERMEASURE PLAN

Section 311(j)(1)(C) of the Federal Water Pollution Control Act Amendments of 1972, authorized the President to issue regulations establishing procedures, methods, equipment and other requirements to prevent discharges of oil and hazardous substances from vessels and from onshore facilities and offshore facilities, and to contain such discharges. The President delegated the responsibility for such regulations to the Administrator of the Environmental Protection Agency. Accordingly, the Administrator developed and promulgated Oil Pollution Prevention Regulations in 40 CFR Part 112. These regulations require owners and operators on shore and offshore non-transportation-related facilities to develop and implement Spill Prevention Control and Countermeasure (SPCC) Plans to prevent the discharge of oil into the navigable waters of the United States or adjoining shoreline. Owners or operators are not required to develop an SPCC Plan if their facilities have not discharged and because of their location could not be reasonably expected to discharge oil into the navigable waters of the United States.

GENERAL INFORMATION

1. Name and location of facility:

Name Koppers Company, Inc.

Location:

Direction and distance to nearest town (attach map) \_\_\_\_\_

County Multnomah

State Oregon

2. Name, address and phone number of owner or operator:

Name Koppers Company, Inc.

Address: 7540 N.W.

Street St. Helens Rd.

State Oregon

City Portland

Zip 97229

County Multnomah

Telephone No. 503

286-3681

3681

3. Name or title and telephone number of person in charge of facility:

Name or title John OXFORD

Telephone: 503 286-3681

4. Name and telephone number of person responsible for oil spill prevention at facility:

Name JOHN A OXFORD

Telephone: 503 286-3681

Certification

I hereby certify and attest that I am familiar with the facility and the information contained in this plan and that to the best of my knowledge and belief such information is true, complete and accurate. Further, this plan has been prepared in accordance with good engineering practices.

E. M. Bennett, Jr.  
Printed name of Registered Engineer

Date: 11/1/79

E. M. Bennett Jr.  
Signature of Registered Engineer  
Registration No.: PE 002433 E

SPILL RECORD

- |  | <u>Yes</u>    | <u>No</u>    |
|--|---------------|--------------|
| 1. This facility, over the past year, has had a reportable spill.  | <u>      </u> | <u>  X  </u> |
| 2. Descriptions of any reportable spills are given below, including corrective action taken and plans for preventing recurrence: |               |              |

Phone Numbers

National Response Center	800-424-8802
Department of Environmental Quality	229-5696
Fire Department	232-2111
Police Department	248-5720

Information To Be Transmitted

1. Time spill occurred or was first observed.
2. Where spill occurred, and present location, if moving.
3. Type of chemical spilled.
4. Estimate of amount spilled and rate of release, if continuing.
5. If from rail car or truck - owner or consignee, volume and location.
6. Environmental conditions, such as wind speed and direction, weather, etc.
7. Description of area likely to be affected.
8. Cause of spill, if determined.
9. Corrective action taken.

PREDICTION OF POTENTIAL SPILLS

1. Name of plant: Northwest
2. Nearest navigable water:
  - A. Name: Willamette River
  - B. Distance and direction from plant: East of Plant approx. 1800 ft.
3. Possible spill sources:

<u>Source</u>	<u>Type of Failure</u>	<u>Maximum Volume(bbls.)</u>	<u>Maximum Flow Rate(bbls./hr.)</u>	<u>Direction of Flow</u>
---------------	------------------------	------------------------------	-------------------------------------	--------------------------

See attached sheet.

SPILL PREVENTION PLAN CHECKLIST

1. Secondary containment and/or diversionary structures are used for possible spill sources:

<u>Source</u>	<u>Type of Containment or Diversionary Structure</u>
---------------	--

See attached sheet.

Select from:

Onshore: Dikes, berms, retaining walls; curbing; culverting, gutters, drains; weirs, booms, other barriers; spill diversion and retention ponds.  
Offshore: Floating booms or fences; floating oil/water separators with storage.

2. If the containment or diversionary structures above are impracticable, state reasons for impracticability N/A

and attach a strong oil spill contingency plan and written commitment of manpower, equipment and materials required to expeditiously control and remove any harmful quantity of oil discharged. Check if attached:

Contingency Plan \_\_\_\_\_ Written Commitment \_\_\_\_\_

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPILL PREVENTION PLAN CHECKLIST

#### 3. Onshore Facilities (Excluding Production)

##### A. Drainage:

	<u>Yes</u>	<u>No</u>
(1) Drains from diked storage areas have valves.	<u>X</u>	<u>      </u>
(2) Drain valves are manual, open-and-closed design.	<u>X</u>	<u>      </u>
(3) Rainwater from diked areas is inspected before draining.	<u>X</u>	<u>      </u>
(4) Plant drainage systems are equipped with either:		
a. Ponds, lagoons, or catchment basins to retain oil,	<u>X</u>	<u>      </u>
or		
b. A diversion system at the final discharge point		
which could contain an uncontrolled spill and		
return the oil to the plant.	<u>      </u>	<u>      </u>
(5) Flow of drainage water between treatment units is by		
either:		
a. Natural hydraulic flow, or	<u>      </u>	<u>      </u>
b. Two "lift" pumps (one a spare and one permanently		
installed).	<u>      </u>	<u>      </u>

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### B. Bulk Storage Tanks

(1) Tank material and construction comply with API specifications	<u>X</u>	<u>      </u>
(2) Secondary containment volume (_____) is greater than the largest single tank capacity plus an allowance for rainwater.	<u>X</u>	<u>      </u>
(3) Drainage of rainwater from diked areas into open waters, by-passing inplant treatment, is accomplished according to the following:		
a. Normally the bypass valve is sealed close.	<u>      </u>	<u>      </u>
b. The rainwater is inspected to ensure compliance with water quality standards.	<u>      </u>	<u>      </u>
c. The bypass valve is opened and resealed under responsible supervision.	<u>      </u>	<u>      </u>
d. Records are kept of bypassing and drainage events.	<u>      </u>	<u>      </u>
(4) Buried metallic storage tanks:		
a. New tanks are coated and wrapped to reduce corrosion.	<u>      </u>	<u>      </u>
b. Cathodic protection is provided for tanks as determined by electrolytic testing.	<u>      </u>	<u>      </u>
c. Tanks are pressure tested on a scheduled, periodic basis.	<u>      </u>	<u>      </u>
(5) Partially buried metallic tanks are avoided (for storing oil) unless adequate shell coating is provided for the buried portion.	<u>      </u>	<u>      </u>

### SPILL PREVENTION PLAN CHECKLIST

	<u>Yes</u>	<u>No</u>
(6) Aboveground tanks are tested by one of the following methods:		
a. Hydrostatic testing	<u>      </u>	<u>      </u>
b. Visual inspection	<u>    X    </u>	<u>      </u>
c. Shell thickness testing (comparison records of shell thickness reduction are maintained)	<u>      </u>	<u>      </u>
(7) Internal heating coil leakage is controlled by one or more of the following:		
a. Monitoring the steam return or exhaust lines for oil.	<u>    X    </u>	<u>      </u>
b. Passing the steam return or exhaust lines through a settling tank, skimmer or other separation system.	<u>      </u>	<u>      </u>
c. Installing external heating systems.	<u>      </u>	<u>      </u>
(8) All bulk storage tanks are externally inspected on a monthly basis (including seams, rivets, bolts, gaskets, nozzle connections, valves, connected pipelines, and tank foundation and/or supports) for leaks or failures.	<u>    X    </u>	<u>      </u>
(9) Tanks are fail-safe engineered by the following:		
a. High liquid level alarms with an audible signal at a constantly manned station.	<u>      </u>	<u>      </u>
b. High liquid level pump cutoff devices.	<u>      </u>	<u>      </u>
c. Direct communication between the tank gauger and pumping station.	<u>      </u>	<u>      </u>
d. One fast means of determining the liquid level in tanks (such as digital computers, telepulse, or direct visual gauges).	<u>    X    </u>	<u>      </u>
e. Liquid level sensing devices are inspected and tested on a scheduled, periodic basis.	<u>      </u>	<u>      </u>

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Intra-Facility Transfer Operations, Pumping, and Inplant Process (Onshore; Excluding Production)

##### A. Buried Pipelines

(1) Pipelines are wrapped and coated to reduce corrosion	<u>      </u>	<u>      </u>
(2) Cathodic protection is provided for pipelines as determined by electrolytic testing.	<u>      </u>	<u>      </u>
(3) When a pipeline section is exposed, it is inspected and corrective action taken as necessary.	<u>    X    </u>	<u>      </u>

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPILL PREVENTION PLAN CHECKLIST

- |   |            |             |
|---|------------|-------------|
|   | <u>Yes</u> | <u>No</u>   |
| B. Pipeline terminal connections are capped or blank-flanged and marked if the pipeline is not in service or on standby service for long periods. | <u>X</u>   | <u>    </u> |

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |          |             |
|--|----------|-------------|
|  | <u>X</u> | <u>    </u> |
| C. Pipe supports are designed to minimize abrasion and corrosion and allow for expansion and contractions. |          |             |

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |          |             |
|--|----------|-------------|
|  | <u>X</u> | <u>    </u> |
| D. All aboveground valves and pipelines are inspected on a scheduled, periodic basis (including flange joints, valve glands and bodies, catch pans, pipeline supports, locking of valves, and metal surfaces). |          |             |

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |          |             |
|---|----------|-------------|
|   | <u>X</u> | <u>    </u> |
| E. Vehicles entering the facility are inspected and/or warned to avoid damaging aboveground piping. |          |             |

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Intra-facility Tank Car & Tank Truck Loading/Unloading (Onshore)

- |   |             |             |
|---|-------------|-------------|
| A. Loading/unloading procedures meet the minimum requirements and regulations of the Department of Transportation.  | <u>    </u> | <u>    </u> |
| B. The unloading area has quick drainage system.  | <u>    </u> | <u>    </u> |
| C. The containment system will hold maximum capacity of any single tank truck loaded/unloaded in the plant.   | <u>    </u> | <u>    </u> |
| D. An interlocked warning light or physical barrier system or warning signs are provided in loading/unloading areas to prevent vehicular departure before disconnect of transfer lines. | <u>    </u> | <u>    </u> |
| E. Drains and outlets on tank trucks and tank cars are checked for leakage before loading or unloading.   | <u>X</u>    | <u>    </u> |

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPILL PREVENTION PLAN CHECKLIST

6. Inspections and Records

Yes      No

- A. The required inspections follow written procedures \_\_\_\_\_
- B. The written procedures and a record of inspections, signed by the appropriate supervisor, are included in the SPCC Plan. \_\_\_\_\_

Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Security (Excluding Production)

- A. Plants handling or storing oil are fenced.   X   \_\_\_\_\_
- B. Entrance gates are locked and/or guarded when the plant is unattended or not in production.   X   \_\_\_\_\_
- C. Any valves which permit direct outward flow of a tank's contents are locked closed when in non-operating or non-standby status. \_\_\_\_\_
- D. Starter controls on all oil pumps in non-operating or non-standby status are locked or electrically isolated in the "off" position. \_\_\_\_\_
- E. The loading/unloading connections of oil pipelines are capped or blank-flanged when not in service or on standby service for extended periods. \_\_\_\_\_
- F. Description of the lighting around the facility: General yard lighting.
- \_\_\_\_\_
- \_\_\_\_\_

Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Personnel, Training, and Spill Prevention Procedures

- A. Personnel are properly instructed in the following:
- (1) Operation and maintenance of equipment to prevent oil discharges, and   X   \_\_\_\_\_
- (2) Applicable pollution control laws, rules, and regulations.   X   \_\_\_\_\_
- B. Spill prevention briefings for the operating personnel are conducted on a scheduled, periodic basis. \_\_\_\_\_



SPILL PREVENTION PLAN CHECKLIST

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## KOPPERS COMPANY, INC.

## PORTLAND, OREGON

<u>Tank No.</u>	<u>Gallons (M)</u>	<u>Contents</u>
1	660	<del>Tar</del> <i>not in use</i>
2	1065	<del>Tar</del> <i>not in use</i>
3	99	Creosote
4	99	Creosote
11	254	<del>Tar</del> <i>Creosote</i>
12	45	<del>Tar</del> <i>not in use</i>
17	20	Creosote
18	20	Creosote
19	20	Creosote
20	317	Creosote
23	20	Creosote
28	45	<del>Effluent</del> <i>Empty out of service</i>
33	45	Creosote
34	45	Creosote
39	20	Fuel - <i>Creosote</i>
65	880	<del>Tar</del> <i>Creosote</i>
66	240	Creosote
67	102	Creosote
68	248	Creosote
90	209	Creosote
99	200	Creosote
101	750	Creosote
V-207	15	<del>Tar</del> <i>empty</i>

## Prediction of Potential Spills

2B. The water flow leaving the plant and entering the Willamette River at approx. 3/4 of a mile from the plant. The water flows South of the plant and then East into the river.

The river at closest point to the plant is 1800 ft., but the water from the plant does not enter here.

# PETROLEUM SPILL CONTINGENCY PLAN

DATE 6/16/78

COMPANY KOPPERS & INC PHONE 286-3681

ADDRESS 7540 N.W. 5th Avenue CITY Portland STATE Ore ZIP 97229

## PERSONNEL IN CHARGE:

1. PAUL W. Smith TITLE Dist Supt PHONE 644-1570  
 2. Henry F. Rossi TITLE Chemist PHONE 253-1962  
 3. \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_  
 4. \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

## E P DEVICES & OTHER EQUIPMENT ON PROPERTY:

1. PUMPS 0 PORTABLE / POWER: GASOLINE / ELECTRIC 0 STORED where  
 2. TOOLS: RAKES ✓ SHOVELS ✓ BUCKETS ✓ ROPE ✓ STORED where  
 3. SORBANTS: TYPE log boom UNITS 1 STORED where  
 4. TRUCKS 1 dump - 1 tanker TANKS ✓ STORED \_\_\_\_\_  
 5. HOSE ✓ SIZE 2 1/2" AMOUNT \_\_\_\_\_ STORED firehouse

## OUTSIDE ASSISTANCE AVAILABLE:

1. ADDITIONAL SORBANTS: CALL: Van Kester & Rogers PHONE: 222-1721  
 2. SAND OR DIRT: CALL: Rivergate Quarry PHONE: 286-5891  
 3. POWER EQUIPMENT, DIGGERS, LOADERS, CALL: Ginda Const PHONE: 226-4341  
 4. BOATS, MOTORS CALL: N.W. Natural Gas PHONE: 286-2048  
 5. SKIMMING & VACUUM EQUIPMENT CALL: Power Master Inc. PHONE: 285-4653  
 6. PORTABLE GENERATORS, LIGHTS CALL: Ginda Const PHONE: 226-4341

## COMPANY RADIO COMMUNICATIONS:

FREQUENCY \_\_\_\_\_ MOBILE UNITS \_\_\_\_\_ CALL LETTERS: \_\_\_\_\_  
 BASE LOCATION \_\_\_\_\_ PHONE: \_\_\_\_\_

## YARD & AREA INFORMATION (SEE DRAWINGS ATTACHED)

1. TANKS 23 ABOVEGROUND ✓ UNDERGROUND \_\_\_\_\_ TANK SIZE \_\_\_\_\_  
 PRODUCTS STORED Creosote LOCATIONS tank farm  
 2. PIPELINES: VALVES, EMERGENCY VALVES, DRAINS  
 3. SEWERS: FLOOR DRAINS, STORM SEWERS: TERMINATION POINTS OF SEWERS & DRAINS  
 4. GATES & DOORS: KEY LOCATED \_\_\_\_\_ CALL: \_\_\_\_\_



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## Industrial Source Control Division Statement of Non-Discharge

Company Name: Koppers Industries, Inc.

Facility Address: 7540 NW St. Helen's Rd

Portland, OR 97210

Telephone Number: 503-286-3681

I certify under penalty of law that for the year: **2002**

☒ **NO CATEGORICAL PROCESS WASTEWATER** was discharged to the City of Portland's sewerage system.

☐ Yes ☐ No **Non-Categorical Process Wastewater** was discharged to the City of Portland's sewerage system. (Please mark one).

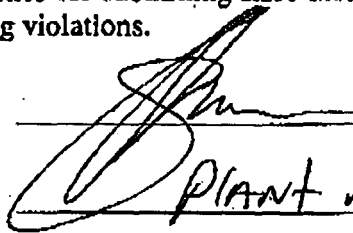
I have incorporated alternative methods of eliminating all wastewater generated from my categorical industrial processes in compliance with all applicable City, State and Federal laws and regulations.

I understand that by signing this statement I am certifying that, as of this date, **only domestic wastewater or non-categorical process wastewater** is discharged to the City's sewer system. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Official Signature:

Title:

Date:

  
PLANT MANAGER  
1/24/03



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## NO DISCHARGE CERTIFICATION REPORT

Industrial Users subject to limits for processes regulated under categorical pretreatment standards, 40 CFR 414 that elect not to discharge to the City of Portland's sanitary sewer must submit a periodic "No Discharge Certification Report" to comply with national pretreatment regulations, the City of Portland's Chapter 17.34, Administrative Rules.

Facility Name: Koppers Industries

Address: 7540 NW St Helens Rd.  
Portland, OR 97210

Reporting Period: From January 1, 1999 To June 30, 1999

THIS REPORT DUE TO THE CITY BY: July 15, 1999

### CHECK BOX IF NO DISCHARGES OF REGULATED PROCESS WASTEWATER HAVE OCCURRED

- ☒ Based on my inquiry of the person or persons directly responsible for environmental compliance, I certify that, to the best of my knowledge and belief, no discharges of any regulated wastewaters occurred since filing of the last report.

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*A.S. Kamen*  
Plant Manager  
July 1, 1999

CC: T. Self, KUI



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

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Facility Name: Koppers Industries

Address: 7540 NW St Helens Rd.  
Portland, OR 97210

Reporting Period: From July 1, 1999 To December 31, 1999

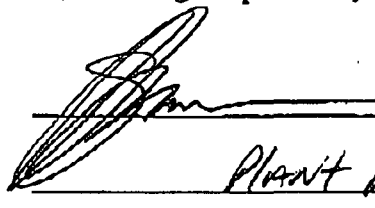
THIS REPORT DUE TO THE CITY BY: January 15, 2000

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Signature:

 A. S. Kammerer

Title:

 Plant Manager

Date:

 1/13/99

cc: T. Self, EII

**DRAFT**

operations, deleted operations and substantial changes. Due 9/1/02 submit application at least 180 days before expiration.		
Submit construction/operating permit applications as needed. NPDES renewal due 1/31/04.		
Send KII CSG copies of all correspondence with regulatory agencies and stakeholders including new permits, permit applications, monitoring reports, spill reports and update reports. Etc.		

Post-it® Fax Note		7671	Date 1/13/00	# of pages 3
To	T. Self		From	Donne
Co./Dept.	Revisionist		Phone #	connections
Phone #			Fax #	
Fax #			Fax #	

**DRAFT**

<del>approximate emergency contacts</del> <del>(i.e. Fire Department)</del>		
<b>Semiannually</b>		
<del>City of Portland no discharge</del> <del>report, due 1/15/00 and</del> <del>1/15/00.</del>	<i>No longer required</i> <i>After the 1/15/00 Report</i>	
<b>Annually</b>		
Review air operating air permit, Submit fume system study June 2000		
Complete and submit Oregon State Fire Marshal's Hazardous substance survey SARA title III due 11/30.		
SARA 313 (form R report) due July 1.		
Annual pesticide report for pesticide-producing establishments due March 1.		
RCRA training, Hazwoper refresher training. Develop and implement a SH&E training plan.		
Ensure new or transferred employees receive the appropriate training.		
Ensure job descriptions are updated and include hazardous material documentation.		
<del>Sanitation</del>		
<del>Documentation</del>		
Post OSHA 200 log due February 1		
<b>Triennial</b>		
Review SPCC plan and update as necessary. Certification by a PE <sup>(S)</sup> <del>may</del> be required.		
DOT training.		
<b>Quadrennial</b>		
TSCA inventory report due December 2002, 2006...		
<b>Quintennial</b>		
Review and update waste minimization plan.		
<b>Other</b>		
Update air permit for new		



**DRAFT**

**Portland Inspection and Reporting Activities**

	Complete		Comment
<b>Daily</b>			
Daily plant tour-inspect hazardous waste storage and inspect for leaks, drums, waste management, <del>storage</del> , monitor air pollution control devices (fume etc.) and <del>ventilation systems</del> .			
Inspect storage tanks, process areas and containment areas. Ensure appropriate labels ODEQ requires clean up of spills/release within 24 hours.			
<b>Weekly</b>			
Review DMR laboratory results.			
Inspect liquid pitch lines and tank.			
Inspect/document container storage areas.			
<b>Monthly</b>			
Conduct monthly SH&E meeting. Submit minutes and procedures to CSG.			
Conduct plant sump inspections.			
<del>Inspect and document new discharge permits</del>			
Prepare and submit NPDES report. Copy of DMR to CSG.			
Inspect all emergency equipment (eyewashes, showers, SCBA, monitors, stretchers and fire blankets).			
<del>Complete and submit Risk Management Plan (RMP)</del>			
<b>Quarterly</b>			
NPDES sampling and report PAH's			
Update MSDS books/ <del>update MSDS books</del>			



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## NO DISCHARGE CERTIFICATION REPORT

Industrial Users subject to limits for processes regulated under categorical pretreatment standards, 40 CFR 414 that elect not to discharge to the City of Portland's sanitary sewer must submit a periodic "No Discharge Certification Report" to comply with national pretreatment regulations, the City of Portland's Chapter 17.34, Administrative Rules.

Facility Name: Koppers Industries

Address: 7540 NW St Helens Rd.  
Portland, OR 97210

Reporting Period: From July 1, 1998 To December 31, 1998

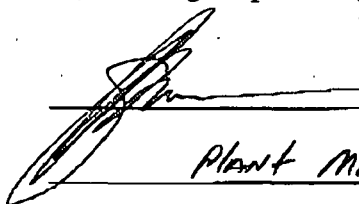
THIS REPORT DUE TO THE CITY BY: January 15, 1999

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Signature:

 A.S. Kammerer

Title:

Plant Manager

Date:

1/4/99

cc: T. Self, KII



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

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Portland, OR 97210

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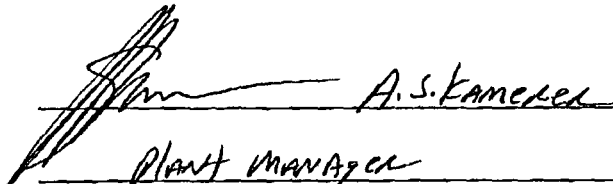
**THIS REPORT DUE TO THE CITY BY:** July 15, 1998

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**Signature:**

  
A. S. Kammerer

**Title:**

Plant Manager

**Date:**

7/1/98

cc: Traci Seif, LCR



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



1211 S.W. 5th Ave., Suite 800, Portland, Oregon 97204-3713  
(503) 823-5320, FAX (503) 823-5559

## NO DISCHARGE CERTIFICATION REPORT

Industrial Users subject to limits for processes regulated under categorical pretreatment standards, 40 CFR 464.20 that elect not to discharge to the City of Portland's sanitary sewer must submit a periodic "No Discharge Certification Report" to comply with national pretreatment regulations, the City of Portland's Chapter 17.34, Administrative Rules, and Permit.

Report due January 15, 1998 to: Industrial Source Control Division  
Bureau of Environmental Services.  
6543 N. Burlington Ave.  
Portland, OR 97203

Facility Name: Koppers Industries

Address: 7540 NW St. Helens Rd

Portland, OR 97210

Reporting Period (From) July 1, 1997 (To) December 31, 1997

(CHECK BOX IF NO DISCHARGES OF REGULATED PROCESS WASTEWATERS HAVE OCCURRED.)

- ☐ Based on my inquiry of the person or persons directly responsible for environmental compliance, I certify that, to the best of my knowledge and belief, no discharges of any regulated wastewaters occurred since filing of the last report.

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Signature

Date: 1/6/98

Title

A.S. Kammerer

PLANT MANAGER

CC: W.E. SWEARINGEN

1-1



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



1211 S.W. 5th Ave., Suite 800, Portland, Oregon 97204-3713  
(503) 823-5320, FAX (503) 823-5559

## NO DISCHARGE CERTIFICATION REPORT

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Report due July 15, 1997 to:

Industrial Source Control Division  
Bureau of Environmental Services.  
6543 N. Burlington Ave.  
Portland, OR 97203

Facility Name: Koppers Industries

Address: 7540 NW St. Helens Rd

Portland, OR 97210

Reporting Period (From) January 1, 1997 (To) June 30, 1997

(CHECK BOX IF NO DISCHARGES OF REGULATED PROCESS WASTEWATERS HAVE OCCURED.)

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Signature

Date:

7/1/97

Title

A.S. Kammerer

PLANT MANAGER

*CC: W.E. Swearingen, KII*



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## INDUSTRIAL USER INSPECTION FORM

INDUSTRY NAME: Koppers  
SITE ADDRESS: 2546 NW St Helens Rd Portland, OR \_\_\_\_\_  
INSPECTION TYPE: ☐ Minor ☒ Major ☐ Pre-permitting ☐ Other: \_\_\_\_\_

### DESCRIBE THE PROCESS(ES)/OPERATION(S) INSPECTED:

Combustion of coal for power

PRETREATMENT SYSTEM:	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
<input type="checkbox"/> Clarifier	<input type="checkbox"/>	<input type="checkbox"/>	<u>None</u>
<input type="checkbox"/> Oil & Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> pH adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

### POINT(S) OF COMPLIANCE:

LOCATION/CODE	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<u>None</u>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	

RECORDS REVIEW: ☐ ASPP ☐ FACT SHEET ☐ TOMP  
☐ CALIBRATION LOG ☐ PERMIT ☐ OTHER: \_\_\_\_\_

### SLUDGE DISPOSAL:

PROCESS	HAULER	DESTINATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### GENERAL INSPECTION NOTES:

Non discharges

### FOLLOW-UP ACTION(S):

	DUE DATE(S)
1. <u>Follow up</u>	_____
2. _____	_____
3. _____	_____

INSPECTOR(S): [Signature] DATE: 1-24-03  
INDUSTRY: [Signature] (print) DATE: \_\_\_\_\_  
A. C. Kammer (signature) DATE: 1/24/03

cc: T. Self

REVIEWED BY:
Industrial Pretreatment Supervisor
CITY USE ONLY
Total Time: _____ hrs.
(include prep/follow-up review)



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

8:30 AM

## INDUSTRIAL USER INSPECTION FORM

INDUSTRY NAME: Koppers Industries, Inc  
SITE ADDRESS: 7540 NW St Helen's Rd Portland, OR 97210  
INSPECTION TYPE: ☒ Minor ☐ Major ☐ Pre-permitting ☐ Other: \_\_\_\_\_

DESCRIBE THE PROCESS(ES)/OPERATION(S) INSPECTED:

### PRETREATMENT SYSTEM:

### CONDITION & OPERATION

### COMMENTS

- ☒ Clarifier  
☒ Oil & Water Separator  
☒ pH adjustment  
☐ Other \_\_\_\_\_

good needs improvement  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐

run under NPDES

### POINT(S) OF COMPLIANCE:

### LOCATION/CODE

### CONDITION & OPERATION

### COMMENTS

1. N/A  
2. \_\_\_\_\_  
3. \_\_\_\_\_

good needs improvement  
☐ ☐  
☐ ☐  
☐ ☐

### RECORDS REVIEW:

☒ ASPP☐ CALIBRATION LOG☒ FACT SHEET☐ PERMIT☒ TOMP☐ OTHER: \_\_\_\_\_

### SLUDGE DISPOSAL:

### PROCESS

### HAULER

### DESTINATION

1. no changes from  
2. Asz / non haz Saltley - Clean / Clean Harbors  
3. \_\_\_\_\_

### GENERAL INSPECTION NOTES:

Updating ASPP

### FOLLOW UP ACTION(S):

### DUE DATE(S)

1. Submit update ASPP June 1st 2002  
2. \_\_\_\_\_  
3. \_\_\_\_\_

INSPECTOR(S):

Chris Collette

DATE:

3/21/02

INDUSTRY:

Amar America

DATE:

3/21/02

REVIEWED BY:

Industrial Permitting Supervisor

CITY USE ONLY

Total Time: \_\_\_\_\_ hrs.  
(include prep/follow-up/review)

Rodwell 5041867 D HLF

CC: Traci Self, K-1800



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## INDUSTRIAL USER INSPECTION FORM

INDUSTRY NAME: KOPPERS INDUSTRIES, INC.  
SITE ADDRESS: 7540 NW St. Helen's Rd Portland, OR 97210

INSPECTION TYPE: ☐ Minor ☒ Major ☐ Pre-permitting ☐ Other: \_\_\_\_\_

### DESCRIBE THE PROCESS(ES)/OPERATION(S) INSPECTED:

Steam Boiler, Tank Farm, Liquid pitch tank, Melting Tank,  
Hot Oil Tanks, Loading Tank, SW Sump, SW Storage Tanks

PRETREATMENT SYSTEM:	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
<input type="checkbox"/> Clarifier	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/> Oil & Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> pH adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

### POINT(S) OF COMPLIANCE:

LOCATION/CODE	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
1. <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	NO DISCHARGE
2. <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	

RECORDS REVIEW: ☒ ASPP ☐ CALIBRATION LOG ☒ FACT SHEET ☐ TOMP  
☐ PERMIT ☐ OTHER: \_\_\_\_\_

### SLUDGE DISPOSAL:

PROCESS	HAULER	DESTINATION
1. <u>Undistilled Quatern</u>	<u>Safety Clean</u>	
2. _____		
3. _____		

### GENERAL INSPECTION NOTES:

Signed NGR

### FOLLOW-UP ACTION(S):

### DUE DATE(S)

1. <u>NONE</u>	
2. _____	
3. _____	

INSPECTOR(S): DERIK VOWELS DATE: 2/15/01  
JOHN HOLTROP DATE: \_\_\_\_\_  
INDUSTRY: A.S. KOPPER (print)  
[Signature] (signature) DATE: 2/15/01

REVIEWED BY:
Industrial Permitting Supervisor
CITY USE ONLY
Total Time: _____ hrs.
(Include prep./follow-up review)





# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## *Industrial Source Control Division Statement of Non-Discharge*

Company Name: Koppers Industries, Inc.

Facility Address: 7540 NW St. Helen's Rd

Portland, OR 97210

Telephone Number: 503-286-3681

I certify under penalty of law that for the year: **2001**

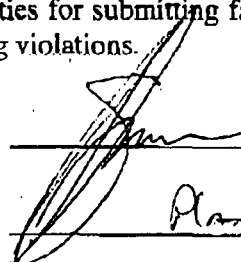
☐ **NO CATEGORICAL PROCESS WASTEWATER** was discharged to the City of Portland's sewerage system.

☐ Yes    ☐ No    **Non-Categorical Process Wastewater** was discharged to the City of Portland's sewerage system. (Please mark one).

I have incorporated alternative methods of eliminating all wastewater generated from my categorical industrial processes in compliance with all applicable City, State and Federal laws and regulations.

I understand that by signing this statement I am certifying that, as of this date, **only domestic wastewater or non-categorical process wastewater** is discharged to the City's sewer system. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Official Signature:

  
A.S. Fameren  
Plant Manager

Title:

Date:

February 15, 2001



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

March 30, 2000

Amos Kamerer  
Koppers Industries  
7540 NW St. Helens Hwy.  
Portland, OR 97210

RE: Facility Inspection of March 8, 2000.

Dear Mr. Kamerer:

Thank you for your time and cooperation during the recent inspection of your facility. It was apparent from the inspection that Koppers is in compliance with the conditions of its NPDES permit. The City of Portland appreciates your efforts to minimize stormwater pollution.

As was mentioned during the inspection, it is recommended that improved spill containment measures be implemented at the lube and fuel storage area that would prevent any spilled materials from entering the nearby stormwater lift station.

If you have any questions regarding this letter you can call me at 823-7885.

Sincerely

John Holtrop  
Industrial Stormwater Section

CC: J. Dietz, K-1650

T. Self, K-1800

M. Cilley, Strickney

Mark, did you find any info  
on the containment pallets?

Amos 4/10/00



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

July 29, 1999

Amos Kamerer  
Koppers Industries Inc.  
7540 NW St. Helens Rd.  
Portland, OR 97229

RE: Facility Inspection of June 23, 1999.

Dear Mr. Kamerer:

Thank you for your time and cooperation during the recent inspection of your facility. There were no issues requiring attention noted during the inspection and Koppers appears to be doing a good job of complying with the conditions of its NPDES permit. The City of Portland appreciates your efforts.

Sincerely

John Holtrop  
Industrial Stormwater Section

cc: J. Pictor  
T. Self

## RECEIVED

AUG - 3 1999

KOPPERSINDS, INC.  
PORTLAND OR



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

July 6, 1998

Amos Kameron  
Koppers Industries  
7540 NW St. Helens Hwy.  
Portland, OR 97210

RE: Facility Inspection of June 23, 1998.

Dear Mr. Kameron:

Thank you for your time and cooperation during the recent inspection of your facility. Koppers appears to be doing a good job of managing potential pollutants on site and preventing their discharge to the storm sewer. The City appreciates your efforts to minimize stormwater pollution. If you have any questions you can call me at 823-7885.

Sincerely

John Holtrop  
Industrial Stormwater Section

*cc: T. Self, F-1800*

**RECEIVED**

JUL 07 1998

KOPPERS INDS., INC.  
PORTLAND, OR



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

## INDUSTRIAL USER INSPECTION FORM

INDUSTRY NAME: Koppers Industries  
SITE ADDRESS: 7540 NW 5c Helens Rd. Portland, OR \_\_\_\_\_

INSPECTION TYPE: ☐ Minor ☒ Major ☐ Pre-permitting ☐ Other: \_\_\_\_\_

DESCRIBE THE PROCESS(ES)/OPERATION(S) INSPECTED:  
\_\_\_\_\_  
\_\_\_\_\_

PRETREATMENT SYSTEM:	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
<input type="checkbox"/> Clarifier	<input type="checkbox"/>	<input type="checkbox"/>	<u>No Discharge of Process Water</u>
<input type="checkbox"/> Oil & Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> pH adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	

POINT(S) OF COMPLIANCE:

LOCATION/CODE	CONDITION & OPERATION		COMMENTS
	good	needs improvement	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A - No Discharge of Process water noted</u>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	

RECORDS REVIEW: ☐ ASPP ☒ FACT SHEET ☐ TOMP  
☐ CALIBRATION LOG ☒ PERMIT ☐ OTHER: \_\_\_\_\_

SLUDGE DISPOSAL:

PROCESS	HAULER	DESTINATION
1. <u>Solid Waste Dept</u>	<u>SANIT fill</u>	<u>Hellsboro</u>
2. _____	_____	_____
3. _____	_____	_____

GENERAL INSPECTION NOTES:

Koppers will be receiving Pencil Piter Longview - F4 will not handle any longer - Proposing to handle recent melted product -> looker dust & material handling  
- Koppers will stop handling creosote & refined tars off PDX facility

FOLLOW-UP ACTION(S):	DUE DATE(S)
1. <u>N/A No follow-up actions</u>	_____
2. _____	_____
3. _____	_____

INSPECTOR(S): Steffe Rosentz

DATE: 5-21-98

INDUSTRY: A.S. KAMMER (print)

DATE: \_\_\_\_\_

DATE: 5/21/98

REVIEWED BY:
Industrial Pretreatment Supervisor
CITY USE ONLY
Total Time: _____ hrs.
(include prep./follow-up/review)

Koppers002820

5/21/98

Tuaci Self

K-1800

Pgh.

for your files.  
Amos

**KOPPERS  
INDUSTRIES**

Koppers Industries, Inc.  
7340 N.W. St. Helens Road  
Portland, OR 97210-3663

Amos S. Kameron  
Plant Manager

Telephone: 503-286-3661  
Fax: 503-285-2831

June 17, 1997

Mr. John Holtrop  
Industrial Stormwater Section  
City of Portland  
Environmental Services  
6543 N. Burlington Ave.  
Portland, Or. 97203-5452

Dear Mr. Holtrop,

This is to acknowledge receipt of your May 19, 1997 letter and to advise you that we have ceased using the cleaning agent in the plant, as requested.

Also, we have established a log for documentation purposes, covering the inspection of our oil separator, rain drains and sumps in the plant. A copy is attached.

If you have any questions you can call me at any time.

Sincerely,



Amos S. Kameron

cc: Elliot Zais, DEQ  
W. E. Swearingen, KII

**KOPPERS Industries, Inc.** ♦ Portland, Oregon

# Oil Separator, Rain Drain & Sump

## Inspection Log

Location:		Condition:	
Oil Separator	Date Inspected	Satisfactory	Cleaned
Rain Drains			
Front "Outfall"			
Front Parking Lot (4")			
Front Parking Lot (6")			
Center Roadway			
Hot Oil Area			
Melter Area			
Back Roadway			
T-68 Area			
Sumps			
Boiler House			
Creosote Unloading			
Track Five			
New Pitch Building			
T-67			





# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

May 19, 1997

RECEIVED

Amos Kamerer  
Koppers Industries Inc.  
7340 NW St. Helens Rd.  
Portland, OR 97210

MAY 22 1997  
KOPPERS INDS., INC.  
PORTLAND, OR

RE: Facility Inspection of May 15, 1997.

Dear Mr. Kamerer:

Thank you for your time and cooperation during the recent inspection of your facility. There were several items noted during the inspection that need to be addressed.

1. There are currently at least two types of washing operations taking place at the facility. It is understood that the purpose of the washing is to remove pencil pitch dust that accumulates on trucks and loaders and that this water then would be treated in the same manner as stormwater at the facility. This type of discharge is not covered by your current NPDES permit. I contacted DEQ and they feel as does the City that this type of activity would produce a waste stream similar to that that is covered by your permit and that the activity can continue so long as no cleaning agents or chemicals are used in the washing process. It is felt that cleaning agents might cause an increase of the level of suspected pollutants at the site, in the stormwater discharge. Your current NPDES permit is due to expire November 30, 1997. At that time you should request that DEQ add washing to the activities that are covered by your permit.
2. It is recommended that any site maintenance or inspections in the form of sweeping, or catch basin and separator cleaning be documented.

Please respond in writing by June 20, 1997 that the use of cleaning agents will be discontinued. If you have any questions you can call me at 823-7885.

Sincerely

John Holtrop  
Industrial Stormwater Section

CC: Elliot Zais, DEQ

**CHEMCOA**

CHEMICAL CORPORATION OF AMERICA

Cleaner and Remover

PRODUCT BULLETIN  
CHEMCOA 1035-A

1099

**GENERAL DESCRIPTION:**

CHEMCOA 1035-A combines the gentleness and safety of citrus based cleaners with the high solvency of petroleum based products. CHEMCOA 1035-A is safe on painted\* and unpainted surfaces for the removal of asphalt as well as the cleaning of parts and industrial equipment.

**APPLICATION:**

CHEMCOA 1035-A can be used undiluted for difficult cleaning applications. It also forms an emulsion with water for general use cleaning. CHEMCOA 1035-A is a powerful but safe cleaning solvent.

**PROPERTIES:**

Emulsification . . . . .	Rapid
pH . . . . .	7.8
Wetting . . . . .	Excellent
Flash Point . . . . .	147 degrees F
Appearance . . . . .	Clear, Orange Liquid
Odor . . . . .	Citrus
Density . . . . .	7.31 lbs./gal.

**CAUTIONS:**

May be harmful if swallowed. Causes irritation.  
Keep out of reach of children DO NOT take internally.  
Combustible - DO NOT store or use near open flame.

**PACKAGING:**

Available in 30 or 55 gallon steel drums.  
F.O.B. CHEMCOA Plant - Portland, Oregon

- \* While CHEMCOA 1035-A is safe on most painted surfaces the color fastness of the paint should be checked before beginning cleaning process.

CHEMCOA 1035-A

# Material Safety Data Sheet

**QUICK IDENTIFIER**

Common Name: (Used on label and list)

May be used to comply with OSHA's Hazard Communication Standard, 29CFR 1910.1200. Standard must be consulted for specific requirements.

**SECTION 1 -**Manufacturer's Name **Chemical Corporation of America**Address **2525 S.E. 9th Avenue**Emergency Telephone No. **(503) 232-3334**City, State, ZIP  
**Portland OR 97202**Other Information Calls **(503) 232-3334**

Signature of Person Responsible for Preparation (Optional)

Date Prepared **9/25/91, Revised 05/23/97****SECTION 2 - HAZARDOUS INGREDIENTS/IDENTITY**

Hazardous Component(s) (chemical & common name(s))	% (optional)	OSHA PEL	ACGIH TLV	Other Exposure Limits	CAS NO.
Petroleum Hydrocarbon		500 ppm	200 ppm	TLV/STEL 200 ppm	64742-88-7

SARA Section III, Section 313 Hazardous Chemicals: None

**SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS**

Boiling Point	<b>350° - 367° F.</b>	Specific Gravity (H <sub>2</sub> O = 1)	<b>0.76</b>	Vapor Pressure (mm Hg)	<b>2.2</b>
	Vapor Density (Air = 1)	<b>5.3</b>			

Solubility in Water	<b>Emulsifiable</b>	Reactivity in Water	<b>None</b>
---------------------	---------------------	---------------------	-------------

Appearance and Odor	<b>Clear, Yellow Liquid, Citrus Odor</b>	Melting Point	<b>Unknown</b>
---------------------	--	---------------	----------------

**SECTION 4 - FIRE & EXPLOSION DATA**

Flash Point	<b>147° F.</b>	Method Used	<b>C.O.C.</b>	Flammable Limits in Air % by Volume	<b>1.0</b>	UEL Lower	<b>7.0</b>
-------------	----------------	-------------	---------------	-------------------------------------	------------	-----------	------------

Auto Ignition Temperature	<b>Unknown</b>	Extinguisher Media	<b>Water spray or fog, foam, dry chemical or CO<sub>2</sub></b>
---------------------------	----------------	--------------------	---

Special Fire Fighting Procedures **Do not use a direct water stream. Avoid any accumulation of water as product will float. Firefighters should use self-contained breathing apparatus and protective clothing.**

Unusual Fire and Explosion Hazards **Cool fire-exposed containers, surrounding equipment and structures with water.**

## SECTION 5 - PHYSICAL HAZARDS (REACTIVITY DATA)

CHEMCOA 1033-A

Stability: Unstable ☐ Stable ☒ Conditions to Avoid: High heat and open flames

Incompatibility (Materials to Avoid): Oxidizing materials.

Hazardous Decomposition Products: Carbon monoxide, carbon dioxide and unidentified organics.

Hazardous Polymerization: May Occur ☐ Will Not Occur ☒ Conditions to Avoid: None known.

## SECTION 6 - HEALTH HAZARDS

1. Acute (Immediate): Eye &amp; pulmonary irritation. 2. Chronic (Delayed Effect): None reported

Signs and Symptoms of Exposure: Coughing, dizziness and drying of skin. Mists irritate eyes, mucous membranes and upper respiratory tract.

Medical Conditions Generally Aggravated by Exposure: None known.

Chemical Listed as Carcinogen or Potential Carcinogen

National Toxicology Program

Yes ☐ No ☒

I.A.R.C. Monographs

Yes ☐ No ☒OSHA Yes ☐ No ☒

Emergency and First Aid Procedures: If over-exposure occurs, follow procedures outlined below:

## ROUTES OF ENTRY

1. Inhalation: Remove victim to fresh air. Administer oxygen. Consult physician.
2. Eye: Flush w/water for 15 minutes. If irritation persists, consult physician.
3. Skin: Wash affected area with soap and water. Launder clothes before reuse.
4. Ingestion: Do not induce vomiting. Aspiration hazard. Immediately consult physician.

## SECTION 7 - SPECIAL PRECAUTIONS AND SPILL/LEAK PROCEDURES

Precautions to be Taken in Handling and Storage: Store in a cool, dry place with adequate ventilation. Keep container closed when not in use.

Other Precautions: Empty containers of this material contain residue. Observe all hazard practices for empty containers. Do not weld on or cut empty containers.

Steps to be Taken in Case Material is Released or Spilled: Eliminate sources of ignition. Contain spill with a non-combustible absorbent, and place in drums for disposal. Do not discharge into sewer system.

Waste Disposal Methods (Consult federal, state, and local regulations): Dispose of wastes in compliance with federal, state and local regulations.

## SECTION 8 - SPECIAL PROTECTION INFORMATION/CONTROL MEASURES

Respiratory Protection (Specify Type): None normally required. If mists generated, use NIOSH approved respirator.

Ventilation: Recommended ☒ Local Exhaust ☐ Mechanical (General) ☐ if needed ☐ Special ☐ none ☐ Other ☐ none ☐

Protective Gloves: Rubber or Neoprene Eye Protection: Goggles, eye wash fountain

Other Protective Clothing or Equipment: Long sleeves and trousers.

Work/Hygiene Practices: Wash thoroughly after handling.

## IMPORTANT

Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.



Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

September 1, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of August 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: Aug-08

**MONTHLY FLOW DATA**

Gallons per pumping(all 6 tanks)	# of pump.	# of Days/Emer. Pump.	Emer. Gals.	Total Gals.	Number of days during the month of	Average "slug" discharge per day
220,000	0	0	0	0		#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a	#####	#####	#####	C
PH														6.0		9.0	n/a	#####	#####	#####	SU
Oil & Grease														0	10	15	12	#####	#####	#####	mg/L
Turbidity																		#####	#####	#####	NTU
Benzo(a)anthracene															13	22		#####	#####	#####	ugl
Benzo(a)pyrene															26	39		#####	#####	#####	ugl
Benzo(b)fluoranthene															15	27		#####	#####	#####	ugl
Benzo(k)fluoranthene															16	26		#####	#####	#####	ugl
Chrysene															20	27		#####	#####	#####	ugl
Dibenzo(ah)anthracene															7	9		#####	#####	#####	ugl
Benzene															n/a	250		#####	#####	#####	ugl
BTEX															n/a	1000		#####	#####	#####	ugl
Cyanide														0	n/a	8.5		#####	#####	#####	ugl
Phenols														0.0	0.5	0.7	0.56	#####	#####	#####	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

Test Results:

ug/L

Date sample taken:

Test Results:

ug/L

( Must be less than ) 400 ugi

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY NORTHWEST TERMINAL  
LOCATION Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-19) (17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	8	01	08	8	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

TO

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM												
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC									
SEE COVER LETTER	PERMIT REQUIREMENT																		
TEMPERATURE	SAMPLE MEASUREMENT								1/7	GRAB									
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.												
PH	SAMPLE MEASUREMENT								1/7	GRAB									
	PERMIT REQUIREMENT				6.5	N/A	8.5	SU											
OIL & GREASE	SAMPLE MEASUREMENT								1/7	GRAB									
	PERMIT REQUIREMENT				0.0	10	15	mg/L											
PHENOLS	SAMPLE MEASUREMENT								1/30	GRAB									
	PERMIT REQUIREMENT				0.0	0.5	0.7	mg/L											
CYANIDE	SAMPLE MEASUREMENT								1/30	GRAB									
	PERMIT REQUIREMENT				0.0	N/A	8.5	ug/L											
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT								Qtr	GRAB									
	PERMIT REQUIREMENT				0.0	N/A	400	ug/L											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY EXAMINATION OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 3 months and 5 years.)</small>					TELEPHONE		DATE										
Leslie Hyde																			
TYPED OR PRINTED																			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY								
							(503)	286-3681	08	9	02								

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

10001 APES EDA EDA M T A N M I L I A M A Y N I T B E I L I E N T

PAGE 1 OF 4

09/02/2008 07:39 5032852831

KOPPERS INC

PAGE 03/05

Koppers002830

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-19) (27-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD								
YEAR MO DAY			YEAR MO DAY					
FROM	08	8	01	TO	08	8	31	
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (48-53)			QUALITY OR CONCENTRATION (46-53)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Benzo(a)anthracene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13	ug/L			
Benzo(a)pyrene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39	ug/L			
Benzo(b)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27	ug/L			
Benzo(k)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26	ug/L			
Chrysene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27	ug/L			
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9	ug/L			
Benzene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250	ug/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON AN INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (If and how often these violations may include fines up to \$10,000 and or maximum imprisonment of between 5 years and 6 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	9	2	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-15) <b>OR-000077-9</b>	(17-19) <b>001</b>
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	8	01	08	8	31
(20-21)		(22-23)	(24-25)		(26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BTEX	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000	ug/L			
TURBIDITY	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT							NTU			
Silver	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Pentavalent Arsenic	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Cadmium	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Copper	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Mercury	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY JUDGMENT OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	9	2	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment(s) here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo (ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

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FROM YEAR MO DAY TO YEAR MO DAY  
08 8 01 08 8 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

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PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	9	2	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

August 1, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of July 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

7007 0220 0002 2237 2521

A handwritten signature in dark ink, appearing to read "T. J. Turner".

T. J. Turner  
Plant Superintendent

7007 0220 0002 2237 2514

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
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Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

OR-000077-9  
PERMIT NUMBER

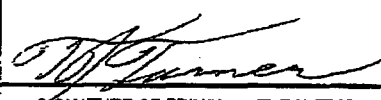
801  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	7	01	08	7	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)															
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM																		
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC															
	PERMIT REQUIREMENT																								
TEMPERATURE	SAMPLE MEASUREMENT							°C	1/7	GRAB															
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.																		
PH	SAMPLE MEASUREMENT							SU	1/7	GRAB															
	PERMIT REQUIREMENT				6.5	N/A	8.5																		
OIL & GREASE	SAMPLE MEASUREMENT							mg/L	1/7	GRAB															
	PERMIT REQUIREMENT				0.0	10	15																		
PHENOLS	SAMPLE MEASUREMENT							mg/L	1/30	GRAB															
	PERMIT REQUIREMENT				0.0	0.5	0.7																		
CYANIDE	SAMPLE MEASUREMENT							ug/L	1/30	GRAB															
	PERMIT REQUIREMENT				0.0	N/A	8.5																		
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT							ug/L	Qtr	GRAB															
	PERMIT REQUIREMENT				0.0	N/A	400																		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 2001 AND 33 U.S.C. § 1919. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)</small>					TELEPHONE		DATE																
Leslie Hyde																									
TYPED OR PRINTED																									
		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					(503) 286-3681		08 8 01																
							AREA CODE	NUMBER	YEAR	MO	DAY														

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

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LOCATION Northwest Terminal  
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47430 / 101642

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OR-000077-9  
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YEAR	MO	DAY	YEAR	MO	DAY
08	7	01	08	7	31
(20-21) (22-23) (24-25)			(28-27) (28-29) (30-31)		

☒ Check here if No Discharge

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
Benzo(a)anthracene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	22	13					
Benzo(a)pyrene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	26	39					
Benzo(b)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	15	27					
Benzo(k)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	16	26					
Chrysene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	20	27					
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	7	9					
Benzene	SAMPLE MEASUREMENT								1/30	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	250					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR ENTERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE			
Leslie Hyde									(503) 286-3681	08	8	1
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

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YEAR MO DAY YEAR MO DAY  
08 7 01 08 7 31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

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PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-46)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
BTEX	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	1,000	ug/L					
TURBIDITY	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT							NTU					
Silver	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Pentavalent Arsenic	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Cadmium	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Copper	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Mercury	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATING VIOLATIONS. SEE 19 U.S.C. § 1001 AND 22 U.S.C. § 1215. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
Leslie Hyde									(503) 286-3681		08	8	1
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		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

# MONTHLY NPDES - DMR - WORK SHEET

Month & Year: Jul-08

## MONTHLY FLOW DATA

Gallons per pumping(all 6 tanks)	# of pump.	# of Days/Emer. Pump.	Emer. Gals.	Total Gals.	Number of days during the month of	Average "slug" discharge per day
220,000	0	0	0	0		#DIV/0!

Days of the month:

## SAMPLE TEST RESULTS

													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a		####		
PH														6.0		9.0	n/a		####		su
Oil & Grease														0	10	15	12		####		mg/L
Turbidity																			####		NTU
Benzo(a)anthracene															13	22			####		ugf
Benzo(a)pyrene															28	39			####		ugf
Benzo(b)fluoranthene															15	27			####		ugf
Benzo(k)fluoranthene															16	26			####		ugf
Chrysene															20	27			####		ugf
Dibenzo(ah)anthracene															7	9			####		ugf
Benzene															n/a	250			####		ugf
BTEX															n/a	1000			####		ugf
Cyanide														0	n/a	8.5			####		ugf
Phenols														0.0	0.5	0.7	0.56		####		mg/L

## QUARTERLY PAH SAMPLING

Date sample taken:

Date sample taken:

Test Results:

ug/L

Test Results:

ug/L

( Must be less than ) 400 ugf





**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

July 1, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of June 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T.J. Turner".

T.J. Turner  
**Plant Superintendent**

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	6	01	08	6	30
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (48-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC				
SEE COVER LETTER	PERMIT REQUIREMENT													
TEMPERATURE	SAMPLE MEASUREMENT							°C	1/7	GRAB				
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.							
PH	SAMPLE MEASUREMENT							SU	1/7	GRAB				
	PERMIT REQUIREMENT				6.5	N/A	8.5							
OIL & GREASE	SAMPLE MEASUREMENT							mg/L	1/7	GRAB				
	PERMIT REQUIREMENT				0.0	10	15							
PHENOLS	SAMPLE MEASUREMENT							mg/L	1/30	GRAB				
	PERMIT REQUIREMENT				0.0	0.5	0.7							
CYANIDE	SAMPLE MEASUREMENT							ug/L	1/30	GRAB				
	PERMIT REQUIREMENT				0.0	N/A	8.5							
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT							ug/L	Qtr	GRAB				
	PERMIT REQUIREMENT				0.0	N/A	400							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 20 U.S.C. § 1312. (Penalties under State statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE					
Leslie Hyde														
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY			
							(503)	286-3681	08	7	01			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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ADDRESS Koppers Inc.  
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LOCATION Multnomah County

47430 / 101642

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DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

OR-000077-9

PERMIT NUMBER

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OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
08 6 01 08 6 30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (48-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Benzo(a)anthracene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13	ug/L			
Benzo(a)pyrene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39	ug/L			
Benzo(b)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27	ug/L			
Benzo(k)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26	ug/L			
Chrysene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27	ug/L			
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9	ug/L			
Benzene	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250	ug/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 28 U.S.C. § 1001 AND 33 U.S.C. § 1375. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 2 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde TYPED OR PRINTED		(503) 286-3681	08	7	1	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

**KOPPERS**

*File*

**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

June 3, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW FORTH Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

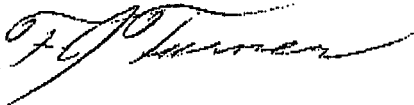
Dear Mr. Zais,

Attached please find subject report for the month of May 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: May-08

**MONTHLY FLOW DATA**Gallons per pumping(all 6 tanks)# of pump.# of Days/Emer. Pump.Emer. Gals.Total Gals.

Number of days during the month of

Average "slug" discharge per day

220,000

0

0

0

0

#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

SAMPLE TEST RESULTS													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
1	2	3	4	5	6	7	8	9	10	11	12	min.		avg.	max.	min.		avg.	max.		
Temperature													n/a	n/a	n/a	n/a	#####		mg/L NTU		
PH													6.0		9.0	n/a	#####				
Oil & Grease													0	10	15	12	#####				
Turbidity																	#####				
Benzo(a)anthracene														13	22		#####		ugl		
Benzo(a)pyrene														26	39		#####		ugl		
Benzo(b)fluoranthene														15	27		#####		ugl		
Benzo(k)fluoranthene														16	26		#####		ugl		
Chrysene														20	27		#####		ugl		
Dibenzo(ah)anthracene														7	9		#####		ugl		
Benzene														n/a	250		#####		ugl		
BTEX														n/a	1000		#####		ugl		
Cyanide													0	n/a	8.5		#####		ugl		
Phenols													0.0	0.5	0.7	0.56	#####		mg/L		

**QUARTERLY PAH SAMPLING**

Date sample taken:

Test Results:

ug/L

Date sample taken:

Test Results:

ug/L

( Must be less than ) 400 ugl

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

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FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	5	01	08	5	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT								0	N/A	CALC
SEE COVER LETTER	PERMIT REQUIREMENT			GPD							
TEMPERATURE	SAMPLE MEASUREMENT							°C		1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.				
PH	SAMPLE MEASUREMENT							SU		1/7	GRAB
	PERMIT REQUIREMENT				6.5	N/A	8.5				
OIL & GREASE	SAMPLE MEASUREMENT							mg/L		1/7	GRAB
	PERMIT REQUIREMENT				0.0	10	15				
PHENOLS	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
CYANIDE	SAMPLE MEASUREMENT							ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	8.5				
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT							ug/L		Qtr	GRAB
	PERMIT REQUIREMENT				0.0	N/A	400				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY DUTY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	6	03	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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YEAR	MO	DAY	YEAR	MO	DAY			
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(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

FROM

TO

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)										
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM														
Benzo(a)anthracene	SAMPLE MEASUREMENT							ug/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	22	13														
Benzo(a)pyrene	SAMPLE MEASUREMENT							ng/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	26	39														
Benzo(b)fluoranthene	SAMPLE MEASUREMENT							ug/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	15	27														
Benzo(k)fluoranthene	SAMPLE MEASUREMENT							ng/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	16	26														
Chrysene	SAMPLE MEASUREMENT							ug/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	20	27														
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT							ug/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	7	9														
Benzene	SAMPLE MEASUREMENT							ug/L		1/30	GRAB										
	PERMIT REQUIREMENT				0.0	N/A	250														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE											
Leslie Hyde																					
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM														
BTEX	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	N/A	1,000														
TURBIDITY	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT																				
Silver	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Pentavalent Arsenic	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Cadmium	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Copper	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Mercury	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
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Leslie Hyde									(503) 286-3681			08	6	03							
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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



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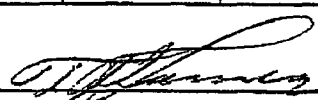
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FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (48-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Tin	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Selenium	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Zinc	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>IDENTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 years and 5 years.)</small>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			(503) 286-3681		08	6	03
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)



*Turner*  
*3/15/08*

**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

May 2, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

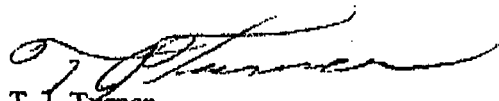
Dear Mr. Zais,

Attached please find subject report for the month of April 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnerjt@koppers.com](mailto:turnerjt@koppers.com)

Sincerely,



T. J. Turner

**Plant Superintendent**

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name, Location, & Difference)  
NAMEADDRESS Koppers Inc.  
7540 NW Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES);  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-13)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98


## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
08	4	01	08	4	30

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
FLOW	PERMIT REQUIREMENT			GPD					0	N/A	CALC	
SEE COVER LETTER												
TEMPERATURE	SAMPLE MEASUREMENT									1/7	GRAB	
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.					
PH	SAMPLE MEASUREMENT									1/7	GRAB	
	PERMIT REQUIREMENT				6.5	N/A	8.5					
OIL & GREASE	SAMPLE MEASUREMENT									1/7	GRAB	
	PERMIT REQUIREMENT				0.0	10	15					
PHENOLS	SAMPLE MEASUREMENT									1/30	GRAB	
	PERMIT REQUIREMENT				0.0	0.5	0.7					
CYANIDE	SAMPLE MEASUREMENT									1/30	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	8.5					
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT									Qtr	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	400					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 5 months and 5 years.)							TELEPHONE		DATE	
Leslie Hyde									(503) 286-3681		08 5 02	
TYPED OR PRINTED									AREA CODE NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene,

Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Proulx, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	4	01	08	4	30
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Benzo(a)anthracene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13			
Benzo(a)pyrene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39			
Benzo(b)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27			
Benzo(k)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26			
Chrysene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27			
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9			
Benzene	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leslie Hyde

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 32 U.S.C. § 1319. (Permittees under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(503) 286-3681

DATE

08 5 02

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

**47430 / 101642**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-15) (17-19)

**OR-000077-9**  
PERMIT NUMBER

**001**  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
**08 4 01 08 4 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BTEX	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000	ug/L			
TURBIDITY	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT							NTU			
Silver	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Pentavalent Arsenic	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Cadmium	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Copper	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Mercury	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
<b>Leslie Hyde</b>		<b>(503) 286-3681</b>	<b>08</b>	<b>5</b>	<b>02</b>	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

Koppers002853

May. 02 2008 01:03PM P5

FAX NO. :5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name, Location &amp; Differing Name)

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-10) (37-56)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0034  
Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
08 4 01 08 4 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)☒ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSONS OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1371. Penalties under these statutes may include fines up to \$50,000 and/or imprisonment of between 6 months and 6 years.	TELEPHONE	DATE			
Leslie Hyde TYPED OR PRINTED		(503) 286-3681	08	5	02	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Month &amp; Year:

Apr-08

**MONTHLY NPDES - DMR - WORK SHEET****MONTHLY FLOW DATA**Gallons per pumping(all 6 tanks)# of pump.# of Days/Emer. Pump.Emer. Gals.Total Gals.Number of days  
during the month ofAverage "slug"  
discharge per day

220,000

0

0

0

0

#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a		#####		C
PH														6.0		9.0	n/a		#####		SU
Oil & Grease														0	10	15	12		#####		mg/L
Turbidity																			#####		NTU
Benzo(a)anthracene															13	22			#####		ugl
Benzo(a)pyrene															26	39			#####		ugl
Benzo(b)fluoranthene															15	27			#####		ugl
Benzo(k)fluoranthene															16	26			#####		ugl
Chrysene															20	27			#####		ugl
Dibenzo(ah)anthracene															7	9			#####		ugl
Benzene															n/a	250			#####		ugl
BTEX															n/a	1000			#####		ugl
Cyanide														0	n/a	8.5			#####		ugl
Phenols														0.0	0.5	0.7	0.56		#####		mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

Date sample taken:

Test Results:

ug/L

Test Results:

ug/L

( Must be less than ) 400 ugi

**KOPPERS**

**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

April 3, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

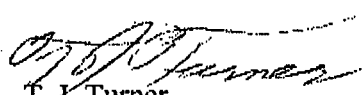
Dear Mr. Zais,

Attached please find subject report for the month of March 2008.

There were no discharges into Doane Creek during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI



Month & Year: Mar-08

# MONTHLY NPDES - DMR - WORK SHEET

## MONTHLY FLOW DATA

Gallons per pumping(all 6 tanks)	# of pump.	# of Days/Emer. Pump.	Emer. Gals.	Total Gals.	Number of days during the month of	Average "slug" discharge per day
220,000	0	0	0	0		#DIV/0!

Days of the month:

## SAMPLE TEST RESULTS

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a	#####			C
PH														6.0		9.0	n/a	#####			SU
Oil & Grease														0	10	15	12	#####			mg/L
Turbidity																		#####			NTU
Benzo(a)anthracene															13	22		#####			ugl
Benzo(a)pyrene															25	39		#####			ugl
Benzo(b)fluoranthene															15	27		#####			ugl
Benzo(k)fluoranthene															16	26		#####			ugl
Chrysene															20	27		#####			ugl
Dibenzo(ah)anthracene															7	9		#####			ugl
Benzene															n/a	250		#####			ugl
BTEX															n/a	1000		#####			ugl
Cyanide														0	n/a	8.5		#####			ugl
Phenols														0.0	0.5	0.7	0.56	#####			mg/L

## QUARTERLY PAH SAMPLING

Date sample taken:	Test Results:	ug/L
Date sample taken:	Test Results:	ug/L
	( Must be less than ) 400 ugi	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location & Difference)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000877-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	3	01	08	3	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC
SEE COVER LETTER	PERMIT REQUIREMENT									
TEMPERATURE	SAMPLE MEASUREMENT								1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.			
PH	SAMPLE MEASUREMENT								1/7	GRAB
	PERMIT REQUIREMENT				6.5	N/A	8.5			
OIL & GREASE	SAMPLE MEASUREMENT								1/7	GRAB
	PERMIT REQUIREMENT				0.0	10	15			
PHENOLS	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7			
CYANIDE	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	8.5			
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT								Qtr	GRAB
	PERMIT REQUIREMENT				0.0	N/A	400			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leslie Hyde

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1361 AND 33 U.S.C. § 1312. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(503) 286-3681

DATE

08 4 03

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

Koppers002858

APR. 03 2008 09:54AM P4

FAX NO. : 5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 NW Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	3	01	08	3	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (48-53)			QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)											
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM														
Benzo(a)anthracene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	22	13														
Benzo(a)pyrene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	26	39														
Benzo(b)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	15	27														
Benzo(k)fluoranthene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	16	26														
Chrysene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	20	27														
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	7	9														
Benzene	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	N/A	250														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 15 U.S.C. § 1315. (Penalty under these statutes may include fines up to \$50,000 and/or maximum imprisonment of between 5 years and 10 years.)						TELEPHONE		DATE											
Leslie Hyde																					
TYPED OR PRINTED																					
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY									
										08	4	03									

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs<sup>1</sup>-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

EPA Form 3320-1 (10-98)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 2 OF 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-15) **OR-000077-9** (17-19) **001**  
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM **08 3 01** TO **08 3 31**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BTEX	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000	ug/L		
TURBIDITY	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT							NTU		
Silver	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Pentavalent Arsenic	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Cadmium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Copper	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Mercury	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 12 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalty as under these statutes may include fine up to \$10,000 and/or maximum imprisonment of 1 or 2 years.)	TELEPHONE	DATE			
<b>Leslie Hyde</b>		(503) 286-3681	08	4	03	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenz(a,h)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	3	01	08	3	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
		(30-31)			

Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (48-55)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY AWARENESS OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	4	03	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

**KOPPERS**

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

March 3, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

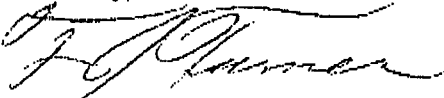
Dear Mr. Zais,

Attached please find subject report for the month of February 2008.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9	001
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	2	01	08	2	29
(20-21)		(22-23)		(24-25)	
(26-27)		(28-29)		(30-31)	

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (32-45)			(46-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT										0	N/A	CALC
SEE COVER LETTER	PERMIT REQUIREMENT			GPD									
TEMPERATURE	SAMPLE MEASUREMENT											1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.						
PH	SAMPLE MEASUREMENT											1/7	GRAB
	PERMIT REQUIREMENT				6.5	N/A	8.5	SU					
OIL & GREASE	SAMPLE MEASUREMENT											1/7	GRAB
	PERMIT REQUIREMENT				0.0	10	15	mg/L					
PHENOLS	SAMPLE MEASUREMENT											1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7	mg/L					
CYANIDE	SAMPLE MEASUREMENT											1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	8.5	ug/L					
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT											Qtr	GRAB
	PERMIT REQUIREMENT				0.0	N/A	400	ug/L					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MAINTAIN THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include a fine up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.</p>						TELEPHONE		DATE			
Leslie Hyde								(503) 286-3681		08 3 03			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
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**7540 Nw Saint Helens Road**  
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LOCATION **Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
<b>OR-000077-9</b>	<b>001</b>
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	2	01	08	2	29
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (42-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Benzo(a)anthracene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	22	13	ug/L					
Benzo(a)pyrene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	26	39	ug/L					
Benzo(b)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	15	27	ug/L					
Benzo(k)fluoranthene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	16	26	ug/L					
Chrysene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	20	27	ug/L					
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	7	9	ug/L					
Benzene	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	250	ug/L					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.							TELEPHONE		DATE		
Leslie Hyde TYPED OR PRINTED									(503) 286-3681		08 3 03		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)



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7540 Nw Saint Helens Road  
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47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)OR-000077-9  
PERMIT NUMBER001  
DISCHARGE NUMBERForm Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	2	01	08	2	29
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)											
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM														
BTEX	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0	N/A	1,000														
TURBIDITY	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT																				
Silver	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Pentavalent Arsenic	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Cadmium	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Copper	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
Mercury	SAMPLE MEASUREMENT								1/30	GRAB											
	PERMIT REQUIREMENT				0.0																
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECT OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or mandatory imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE											
Leslie Hyde																					
TYPED OR PRINTED																					
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenz(a,h)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY									

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

FROM : KOPPERS

FAX NO. : 5032852831

Mar. 03 2008 08:44AM PS

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

FACILITY LOCATION Northwest Terminal  
Multnomah County

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18)

OR-008077-9  
PERMIT NUMBER


001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	2	01	08	2	29
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) QUALITY OR CONCENTRATION (54-61)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT											1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/L						
Tin	SAMPLE MEASUREMENT											1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/L						
Selenium	SAMPLE MEASUREMENT											1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/L						
Zinc	SAMPLE MEASUREMENT											1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/L						
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>           I CERTIFY: NEER, RESULT OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)         </small>												
Leslie Hyde TYPED OR PRINTED														
		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								TELEPHONE		DATE		
										(503) 286-3681	08	3	03	
										AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Koppers002865

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: Feb-08

**MONTHLY FLOW DATA**

Gallons per pumping(all 6 tanks)

# of pump.

# of Days/Emer. Pump.

Emer. Gals.

Total Gals.

Number of days during the month of

Average "slug" discharge per day

220,000

0

0

0

0

#DIV0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a	####	####	####	C
PH														6.0		9.0	n/a	####	####	####	SU
Oil & Grease														0	10	15	12	####	####	####	mg/L
Turbidity																		####	####	####	NTU
Benzo(a)anthracene															13	22		####	####	####	ugl
Benzo(a)pyrene															26	39		####	####	####	ugl
Benzo(b)fluoranthene															15	27		####	####	####	ugl
Benzo(k)fluoranthene															16	26		####	####	####	ugl
Chrysene															20	27		####	####	####	ugl
Dibenzo(ah)anthracene															7	9		####	####	####	ugl
Benzene															n/a	250		####	####	####	ugl
BTEX															n/a	1000		####	####	####	ugl
Cyanide														0	n/a	8.5		####	####	####	ugl
Phenols														0.0	0.5	0.7	0.56	####	####	####	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

Test Results:

ug/L

Date sample taken:

Test Results:

ug/L

( Must be less than ) 400 ugi



February 5, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of January 2008 results. Also, attached please find the 1<sup>st</sup> quarter PAH and monthly BETX test results.

For the month, we had one discharge of 660,000 gallons. This discharge of 660,000 gallons was pumped on January 10<sup>th</sup>.  
There was 1 excursion during the month. Please refer to the letter of 1/13/08 for the explanation to the 1 excursion.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T.J. Turner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

Month &amp; Year: Jan-08

**MONTHLY NPDES - DMR - WORK SHEET****MONTHLY FLOW DATA**

Gallons per pumping(all 6 tanks)	# of pump.	# of Days/Emer. Pump.	Emer. Gals.	Total Gals.	Number of days during the month of	Average "slug" discharge per day
660,000	1	0	0	660,000		#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature	7.7	7.5	7.6										3	n/a	n/a	n/a	n/a	7.5	7.6	7.7	C
PH	7.8	7.8	7.7										3	6.0		9.0	n/a	7.7	7.8	7.8	SU
Oil & Grease	7.1												1	0	10	15	12	ND	7.1	7.1	mg/L
Turbidity	20												1						20	20	NTU
Benzo(a)anthracene	3.9	2.0											2		13	22		2.0	2.95	3.9	ugl
Benzo(a)pyrene	7.7	3.4											2		26	39		3.4	5.55	7.7	ugl
Benzo(b)fluoranthene	6.7	3.2											2		15	27		3.2	4.95	6.7	ugl
Benzo(k)fluoranthene	4.9	2.5											2		16	26		2.5	3.70	4.9	ugl
Chrysene	4.1	2.4											2		20	27		2.4	3.25	4.1	ugl
Dibenzo(ah)anthracene	6.0	0.8											2		7	9		0.8	3.40	6.0	ugl
Benzene	830	540.0											2		n/a	250		540.0	685.0	830	ugl
BTEX	2401	1272											2		n/a	1000		1272.0	1837	2401	ugl
Cyanide	3.60												1	0	n/a	8.5		0	3.60	3.6	ugl
Phenols	0.063												1	0.0	0.5	0.7	0.56	0.00	0.063	0.063	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:	1/4/2008	Test Results:	520.4	ug/L
Date sample taken:	1/8/2008	Test Results:	395.8	ug/L
( Must be less than ) 400 ug/l				

P3 FAX 05 2008 12:53PM

FAX NO. :5032852831

Koppers002869

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

**OR-000077-9**  
PERMIT NUMBER


**001**  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	1	01	08	1	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29) (30-31)

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)											
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS										
FLOW	SAMPLE MEASUREMENT								0	N/A	CALC										
SEE COVER LETTER	PERMIT REQUIREMENT			GPD																	
TEMPERATURE	SAMPLE MEASUREMENT				7.5	7.6	7.7		1/7	GRAB											
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.														
PH	SAMPLE MEASUREMENT				7.7	7.8	7.8		1/7	GRAB											
	PERMIT REQUIREMENT				6.5	N/A	8.5														
OIL & GREASE	SAMPLE MEASUREMENT				0	7.1	7.1		1/7	GRAB											
	PERMIT REQUIREMENT				0.0	10	15														
PHENOLS	SAMPLE MEASUREMENT				0.0	0.063	0.063		1/30	GRAB											
	PERMIT REQUIREMENT				0.0	0.5	0.7														
CYANIDE	SAMPLE MEASUREMENT				0.0	3.60	3.60		1/30	GRAB											
	PERMIT REQUIREMENT				0.0	N/A	8.5														
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT				395.8	458.1	520.4		Qtr	GRAB											
	PERMIT REQUIREMENT				0.0	N/A	400														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY CATCHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>						TELEPHONE		DATE											
Leslie Hyde																					
TYPED OR PRINTED																					
		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						(503) 286-3681		08	2	05									
								AREA CODE	NUMBER	YEAR	MO	DAY									

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

FAX NO. : 5032852831  
FROM : KOPPERS  
F. N. 05 2008 12:54PM P4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	1	01	08	1	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Benzo(a)anthracene	SAMPLE MEASUREMENT				2.0	2.95	3.9		1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13			
Benzo(a)pyrene	SAMPLE MEASUREMENT				3.4	5.55	7.7		1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39			
Benzo(b)fluoranthene	SAMPLE MEASUREMENT				3.2	4.95	6.7		1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27			
Benzo(k)fluoranthene	SAMPLE MEASUREMENT				2.5	3.70	4.9		1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26			
Chrysene	SAMPLE MEASUREMENT				2.4	3.25	4.1		1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27			
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT				0.8	3.40	6.0		1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9			
Benzene	SAMPLE MEASUREMENT				540.0	685.0	830.0		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	2	05	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Koppers002871

FAX NO. :5032852831

F 05 2008 12:54PM P5

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

MONITORING PERIOD

YEAR			MO			DAY		
08	1	01	08	1	31			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BTEX	PERMIT REQUIREMENT				1272	1837	2401		1/30	GRAB
					0.0	N/A	1,000			
TURBIDITY	PERMIT REQUIREMENT						20		1/30	GRAB
Silver	PERMIT REQUIREMENT				ND		ND		1/30	GRAB
					0.0					
Pentavalent Arsenic	PERMIT REQUIREMENT				0		0.022		1/30	GRAB
					0.0					
Cadmium	PERMIT REQUIREMENT				ND		ND		1/30	GRAB
					0.0					
Copper	PERMIT REQUIREMENT				0		0.007		1/30	GRAB
					0.0					
Mercury	PERMIT REQUIREMENT				0		0.00011		1/30	GRAB
					0.0					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or a maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	08	2	05	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

EPA Form 3320-1 (10-86)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 3 OF 4



Koppers002872

FROM : KOPPERS FAX NO. : 5032852831

P 05 2008 12:54PM P6

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-18)

**OR-00077-9**  
PERMIT NUMBER

**001**  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

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FROM (20-21) (22-23) (24-25)			TO (26-27) (28-28) (30-31)		

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT				0		ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Tin	SAMPLE MEASUREMENT						ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Selenium	SAMPLE MEASUREMENT						ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Zinc	SAMPLE MEASUREMENT				0		0.067		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leslie Hyde

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(503) 286-3681

DATE

08 2 05

AREA CODE

NUMBER

YEAR

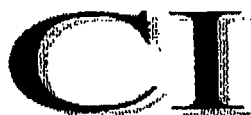
MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7640 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Monthly NPDES

PHONE: (503) 286-3681  
FAX: (503) 286-2831

SUBMITTED: 01/04/08 10:45

REPORT DATE: 02/05/08 09:40

REPORT NUMBER: 8010402

PAGE: 1 OF 19

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
8010402-01	Stormwater Tanks	01/04/2008	1000	Water
8010402-01	Stormwater Tanks	01/04/2008	1000	Water
8010402-02	Stormwater Tanks	01/08/2008	1200	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
8010402-01	SAMPLE ID: Stormwater Tanks							
General Bench Analysis								
CYANIDE, WEAK ACID	SM 4500-CN I.	CYANIDE, TOTAL	0.0036	mg/L	0.0030	KMC	01/08/2008 12:20	
O & G, NP (SGT-HEM)	EPA 1664	NONPOLAR OIL & GREASE	3.1	mg/L	2.0	so	01/07/2008 08:52	
O & G, TOTAL (HEM)		OIL/GREASE, TOTAL	7.1	mg/L	2.0	so	01/04/2008 17:41	
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.083	mg/L	0.050	DK	01/07/2008 18:47	
TURBIDITY	EPA 180.1	TURBIDITY	20	NTU	0.10	KMC	01/04/2008 18:30	

## Total Mercury by Cold Vapor Atomic Fluorescence

MERCURY CV AF	EPA 243.7/1631E	MERCURY	0.00011	mg/L	0.000050	KMC	01/08/2008 20:47	
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## Total Metals by Inductively Coupled Plasma

ARSENIC - ICP	EPA 200.7/6010B	ARSENIC	0.022	mg/L	0.009		01/04/2008 18:10	
CADMIUM - ICP		CADMIUM	ND	mg/L	0.003		01/04/2008 18:10	
COPPER - ICP		COPPER	0.007	mg/L	0.004		01/04/2008 18:10	
LEAD - ICP		LEAD	ND	mg/L	0.004		01/04/2008 18:10	
SELENIUM - ICP		SELENIUM	ND	mg/L	0.090		01/04/2008 18:10	
SILVER - ICP		SILVER	ND	mg/L	0.009		01/04/2008 18:10	
TIN - ICP		TIN	ND	mg/L	0.036		01/04/2008 18:10	
ZINC - ICP		ZINC	0.067	mg/L	0.003		01/04/2008 18:10	

## Volatile Organics by Gas Chromatography/Mass Spectroscopy

BTEX 624	EPA 624	BENZENE	0.83	mg/L	0.0050	JRW	01/07/2008 13:05	
		TOLUENE	1.3	mg/L	0.0050			
		ETHYLBENZENE	0.030	mg/L	0.0050			
		M- & P-XYLENE	0.17	mg/L	0.0050			
		O-XYLENE	0.071	mg/L	0.0050			
		Surrogate: Dibromofluoromethane	56.5 %	%RECOVERY	50-150			
		Surrogate: Fluorobenzene	84.8 %	%RECOVERY	50-150			
		Surrogate: Chlorobenzene-d5	146 %	%RECOVERY	50-150			

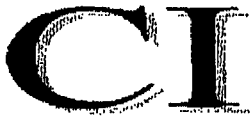
2401 Total

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Authorized for Release By:

James Weinkauff - QA/QC Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph:(503) 286-9464 Fax:(503) 286-5355 E-mail:cllabqa@columbiainspection.com



# CERTIFICATE OF ANALYSIS

REPORT DATE: 02/05/08 09:40

REPORT NUMBER: 8010402

PAGE: 2 OF 19

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
8010402-01	SAMPLE ID: Stormwater Tanks							
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
		Surrogate: 1,4-Dichlorobenzene-d4	76.7 %		%RECOVERY	50-150		
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	11.5	ug/L	0.05	DM	01/08/2008 00:14	
		ACENAPHTHYLENE	13.7	ug/L	0.05			
		ANTHRACENE	2.0	ug/L	0.05			
		BENZO(a)ANTHRACENE	3.9	ug/L	0.05			
		BENZO(a)PYRENE	7.7	ug/L	0.05			
		BENZO(b)FLUORANTHENE	6.7	ug/L	0.05			
		BENZO(g,h,i)PERYLENE	5.4	ug/L	0.05			
		BENZO(k)FLUORANTHENE	4.9	ug/L	0.05			
		CHRYSENE	4.1	ug/L	0.05			
		DIBENZO(a,h)ANTHRACENE	6.0	ug/L	0.05			
		FLUORANTHENE	8.3	ug/L	0.05			
		FLUORENE	9.8	ug/L	0.05			
		INDENO(1,2,3-cd)PYRENE	8.3	ug/L	0.05			
		NAPHTHALENE	415	ug/L	0.05			
		PHENANTHRENE	8.3	ug/L	0.05			
		PYRENE	6.8	ug/L	0.05			
		Surrogate: 2-Fluorobiphenyl	108 %		%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	150 %		%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	128 %		%RECOVERY	50-150		

520.4 Total

520.4 Total

8010402-02	SAMPLE ID: Stormwater Tanks							
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
BTEX 624	EPA 624	BENZENE	0.54	mg/L	0.0050	JRW	01/09/2008 14:52	
		TOLUENE	0.60	mg/L	0.0050			
		ETHYLBENZENE	0.014	mg/L	0.0050			
		M- & P-XYLENE	0.082	mg/L	0.0050			
		O-XYLENE	0.036	mg/L	0.0050			
		Surrogate: Dibromofluoromethane	65.1 %	%RECOVERY	50-150			
		Surrogate: Fluorobenzene	72.7 %	%RECOVERY	50-150			
		Surrogate: Chlorobenzene-d5	105 %	%RECOVERY	50-150			
		Surrogate: 1,4-Dichlorobenzene-d4	69.3 %	%RECOVERY	50-150			

1,272 Total

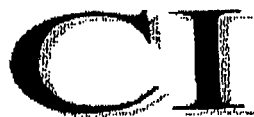
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	13.3	ug/L	0.03	DM	01/09/2008 14:48	
		ACENAPHTHYLENE	15.3	ug/L	0.03			
		ANTHRACENE	2.7	ug/L	0.03			
		BENZO(a)ANTHRACENE	2.0	ug/L	0.03			
		BENZO(a)PYRENE	3.4	ug/L	0.03			
		BENZO(b)FLUORANTHENE	3.2	ug/L	0.03			
		BENZO(g,h,i)PERYLENE	1.9	ug/L	0.03			
		BENZO(k)FLUORANTHENE	2.5	ug/L	0.03			
		CHRYSENE	2.4	ug/L	0.03			
		DIBENZO(a,h)ANTHRACENE	0.8	ug/L	0.03			
		FLUORANTHENE	8.4	ug/L	0.03			
		FLUORENE	9.0	ug/L	0.03			
		INDENO(1,2,3-cd)PYRENE	2.0	ug/L	0.03			
		NAPHTHALENE	323	ug/L	0.03			

395.8 Total

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Authorized for Release By: James Weinkauf - QA/QC Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 288-9464 Fax: (503) 286-5355 E-mail: cilabqa@columbiainspection.com



## CERTIFICATE OF ANALYSIS

REPORT DATE: 02/05/08 09:40

REPORT NUMBER: 8010402

PAGE: 3 OF 19

REPORT DATE: 02/09/08 08:40								
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
8010402-02	SAMPLE ID: Stormwater Tanks							
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
PNAH 625	EPA 625 (SIM)	PHENANTHRENE	3.0	ug/L	0.03	DM	01/09/2008 14:48	
		PYRENE	4.9	ug/L	0.03			
		Surrogate: 2-Fluorobiphenyl	101 %	%RECOVERY	50-150			
		Surrogate: Nitrobenzene-D5	108 %	%RECOVERY	50-150			
		Surrogate: p-terphenyl-D14	144 %	%RECOVERY	50-150			

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Authorized for Release By: James Weinkauff - QA/QC Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-8355 E-mail: clabqa@ColumbiaInspection.com

*file*

January 13, 2008

Dear Sir,

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

On January 4<sup>th</sup>, 2008 after reviewing the weather forecast for the coming week and knowing my tanks were  $\frac{3}{4}$  full, I chose to do an initial sampling and turned this into Columbia Inspections, for analysis.

On January 8<sup>th</sup>, 2008 upon reviewing the analysis of elevated results and knowing that they exceeded the new parameters of the MAO, I immediately did a full inspection of all sumps, drain systems, lower and upper tank farm in order to understand the possible cause of the elevated findings. After finding no cause I decided to resample for more analysis. The tanks were full and there was 8 inches of water on the tank farm floor at the time of the 2<sup>nd</sup> sampling.

While waiting for results on the 2<sup>nd</sup> sampling, I inquired on the city's disposition of our request for a POTW permit. I was informed that the application met initial acceptance, but was still in the final stages of the permit process, for approval. Upon receiving that information, I filed immediately for a Temporary Batch Discharge Permit.

On January 9<sup>th</sup>, 2008 the results, on the 2<sup>nd</sup> sampling, came back much lower than the initial sampling, but still elevated.

On January 9<sup>th</sup>, 2008 the Temporary Batch Discharge Permit was granted. Hoses and materials were purchased to install a temporary connection to discharge to the City of Portland POTW. Although the city agreed to increase the flow from the normal 50gpm to 500gpm we could only pump when there was a "non rain event", 8 hours prior to and during the pumping. The rains restarted the afternoon of the 9<sup>th</sup> before we could begin pumping to the POTW and continued nonstop into the following day. So to be in compliance, I could not pump.

On January 10<sup>th</sup>, 2008 Thursday, with rain falling and 2 feet of water in the lower tank farm, I called to review with you the situation from the days prior and the results from Columbia Inspection. I also conveyed the steps I took to attempt to pump to the POTW and avoid discharge directly to the river. I explained that the lower tank farm was in imminent danger of catastrophic failure of equipment, potential danger of tanks floating, or possible environmental consequences if pumping did not commence immediately. You acknowledged that due to circumstances, the most viable option was immediate discharge to the river.

Sincerely,

A handwritten signature in dark ink, appearing to read "T.J. Turner".

T.J. Turner  
Koppers Inc  
Plant Superintendent

**KOPPERS**

January 4, 2008

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

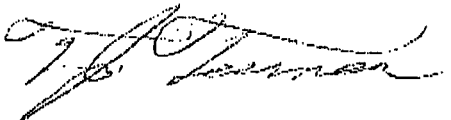
Dear Mr. Zais,

Attached please find subject report for the month of December 2007 results.

For the month, we had eight regular discharges of our 220,000 gallon storage tanks, for a total discharge of 1,760,000 gallons. These discharges of 220,000 gallons each were pumped on each of the following days in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 13<sup>th</sup>, 16<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>, 30<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-1E) (47-9)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98


FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (45-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
FLOW  SEE COVER LETTER	SAMPLE MEASUREMENT			GPD				0	N/A	CALC				
	PERMIT REQUIREMENT													
TEMPERATURE	SAMPLE MEASUREMENT				7.0	8.2	9.7	°C	1/7	GRAB				
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.							
PH	SAMPLE MEASUREMENT				7.6	7.7	7.8	SU	1/7	GRAB				
	PERMIT REQUIREMENT				6.5	N/A	8.5							
OIL & GREASE	SAMPLE MEASUREMENT				ND	2.3	5.5	mg/L	1/7	GRAB				
	PERMIT REQUIREMENT				0.0	10	15							
PHENOLS	SAMPLE MEASUREMENT				ND	ND	ND	mg/L	1/30	GRAB				
	PERMIT REQUIREMENT				0.0	0.5	0.7							
CYANIDE	SAMPLE MEASUREMENT				ND	N/A	ND	ug/L	1/30	GRAB				
	PERMIT REQUIREMENT				0.0	N/A	8.5							
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT				0.0	N/A	75.1	ug/L	Qtr	GRAB				
	PERMIT REQUIREMENT				0.0	N/A	400							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 101 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE					
Leslie Hyde														
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY			
							(503)	286-3681	08	1	04			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

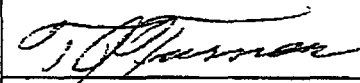
OR-000077-9 PERMIT NUMBER	001 DISCHARGE NUMBER
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Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Benzo(a)anthracene	SAMPLE MEASUREMENT					3.3	3.3		1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13	ug/L		
Benzo(a)pyrene	SAMPLE MEASUREMENT					5.9	5.9		1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39	ug/L		
Benzo(b)fluoranthene	SAMPLE MEASUREMENT					5.9	5.9		1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27	ug/L		
Benzo(k)fluoranthene	SAMPLE MEASUREMENT					4.6	4.6		1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26	ug/L		
Chrysene	SAMPLE MEASUREMENT					4.8	4.8		1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27	ug/L		
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT					0.7	0.7		1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9	ug/L		
Benzene	SAMPLE MEASUREMENT					N/A	160		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250	ug/L		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAWFULLY THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECT OR SUPERVISORY IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1024 AND 33 U.S.C. § 1313. (Penalties under these statutes may include fines up to \$1,000 and or maximum imprisonment of between 6 months and 5 years.)</small>				TELEPHONE		DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR
Leslie Hyde				(503)	286-3681	08	1	04		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)



PERMITTEE NAME/ADDRESS (Include Facility Name, Location, & District)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

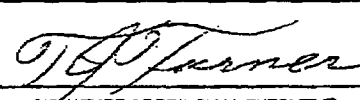
Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BTEX	SAMPLE MEASUREMENT				0.0	N/A	394	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000				
TURBIDITY	SAMPLE MEASUREMENT						22	NTU		1/30	GRAB
	PERMIT REQUIREMENT										
Silver	SAMPLE MEASUREMENT				ND		ND	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Pentavalent Arsenic	SAMPLE MEASUREMENT				ND		ND	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Cadmium	SAMPLE MEASUREMENT				ND		0.063	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Copper	SAMPLE MEASUREMENT				ND		ND	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Mercury	SAMPLE MEASUREMENT				ND		ND	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON, OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1011 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE		
<b>Leslie Hyde</b> TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681 AREA CODE NUMBER	08 YEAR	1 MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

FROM : KOPPERS

FAX NO. : 5032852831

Jan. 04 2008 10:20AM P4

Koppers002880

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9	001
PERMIT NUMBER	DISCHARGE NUMBER


Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	31
(20-21)		(22-23)	(24-25)	(26-27)	
		(28-29)	(30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT							0.023		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Tin	SAMPLE MEASUREMENT							ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Selenium	SAMPLE MEASUREMENT							ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Zinc	SAMPLE MEASUREMENT							0.064		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDUSTRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 36 U.S.C. § 531a. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 5 months and 5 years.)</small>	TELEPHONE	DATE		
<b>Leslie Hyde</b> TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681 AREA CODE NUMBER	08 YEAR	1 MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year:

December, 2007

**MONTHLY FLOW DATA**Gallons per pumping(all 6 tanks)# of pump.# of Days/Emer. Pump.Emer. Gals.Total Gals.

Number of days during the month of

Average "slug" discharge per day

220,000

8

0

0

1,760,000

#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature	9.5	9.5	9.7	8.9	7.5	7.2	7.0	8.9	8.7	7.1	7.0	7.2	12	n/a	n/a	n/a	n/a	7.0	8.2	9.7	C
PH	7.7	7.8	7.6	7.7	7.7	7.8	7.8	7.6	7.7	7.6	7.8	7.6	12	6.0		9.0	n/a	7.6	7.7	7.8	SU
Oil & Grease	ND	ND	3.7	5.5									4	0	10	15	12	ND	2.3	5.5	mg/L
Turbidity	22												1							22	NTU
Benzo(a)anthracene	3.3												1		13	22				3.3	ugl
Benzo(a)pyrene	5.9												1		26	39				5.9	ugl
Benzo(b)fluoranthene	5.9												1		15	27				5.9	ugl
Benzo(k)fluoranthene	4.6												1		16	26				4.6	ugl
Chrysene	4.8												1		20	27				4.8	ugl
Dibenzo(ah)anthracene	0.7												1		7	9				0.7	ugl
Benzene	160												1		n/a	250				160	ugl
BTEX	394												1		n/a	1000				394	ugl
Cyanide	ND												1	0	n/a	8.5		ND	ND	ND	ugl
Phenols	ND												1	0.0	0.5	0.7	0.56	ND	ND	ND	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

12/3/2007

Test Results: 75.1 ug/L  
( Must be less than ) 400 ugi



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Monthly NPDES

PHONE: (503) 286-3681

FAX: (503) 285-2831

SUBMITTED: 12/03/07 14:00

REPORT DATE: 12/13/07 14:57

REPORT NUMBER: 7120310

PAGE: 1 OF 15

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
7120310-01	SWtank	12/03/2007	1130	Water
7120310-01	SWtank	12/03/2007	1130	Water

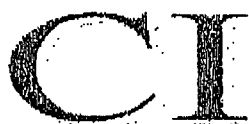
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
7120310-01	SAMPLE ID: SWtank							
General Bench Analysis								
CYANIDE, WEAK ACID	SM 4500-CN I.	CYANIDE, TOTAL	ND value, 0.0	mg/L	0.020	KMC	12/05/2007 13:00	Z-01
O & G, NP (SGT-HEM)	EPA 1664	NONPOLAR OIL & GREASE	ND	mg/L	2.0	DK	12/06/2007 11:23	
O & G, TOTAL (HEM)		TOTAL OIL AND GREASE	ND	mg/L	2.0	DK	12/06/2007 11:23	
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	KMC	12/06/2007 12:54	
TURBIDITY	EPA 100.1	TURBIDITY	22	NTU	0.10	KMC	12/04/2007 18:30	
Total Mercury by Cold Vapor Atomic Fluorescence								
MERCURY CV AF	EPA 245.7/1631E	MERCURY	ND	mg/L	0.000050	KEL	12/06/2007 14:16	
Total Metals by Inductively Coupled Plasma								
ARSENIC - ICP	EPA 200.7/6010B	ARSENIC	ND	mg/L	0.010	KEL	12/06/2007 14:16	
CADMIUM - ICP		CADMIUM	0.063	mg/L	0.003	KEL	12/05/2007 16:59	
COPPER - ICP		COPPER	ND	mg/L	0.005	KEL	12/05/2007 16:59	
LEAD - ICP		LEAD	0.023	mg/L	0.005	KEL	12/05/2007 16:59	
SELENIUM - ICP		SELENIUM	ND	mg/L	0.10	KEL	12/06/2007 14:16	
SILVER - ICP		SILVER	ND	mg/L	0.010	KEL	12/06/2007 14:16	
TIN - ICP		TIN	ND	mg/L	0.040	KMC	12/11/2007 18:35	
ZINC - ICP		ZINC	0.064	mg/L	0.003	KEL	12/05/2007 16:59	
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
BTEX 624	EPA 624	BENZENE	0.16	mg/L	0.0005	JRW	12/06/2007 13:04	
		TOLUENE	0.17	mg/L	0.0005			
		ETHYLBENZENE	0.0070	mg/L	0.0005			
		M- & P-XYLENE	0.036	mg/L	0.0005			
		O-XYLENE	0.021	mg/L	0.0005			
		Surrogate: Dibromofluoromethane	73.0 %	%RECOVERY	50-150			
		Surrogate: Fluorobenzene	92.3 %	%RECOVERY	50-150			
		Surrogate: Chlorobenzene-d5	107 %	%RECOVERY	50-150			
		Surrogate: 1,4-Dichlorobenzene-d4	83.1 %	%RECOVERY	50-150			

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Authorized for Release By:

James Weinkauff - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-5355 E-mail: cilabqa@columbiainspection.com



# CERTIFICATE OF ANALYSIS

REPORT DATE: 12/13/07 14:57

REPORT NUMBER: 7120310

PAGE: 2 OF 15

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
7120310-01	SAMPLE ID: SWtank							
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	7.3	ug/L	0.04	DM	12/04/2007 16:14	
		ACENAPHTHYLENE	2.4	ug/L	0.04			
		ANTHRACENE	1.6	ug/L	0.04			
		BENZO(a)ANTHRACENE	3.3	ug/L	0.04			
		BENZO(a)PYRENE	5.8	ug/L	0.04			
		BENZO(b)FLUORANTHENE	5.9	ug/L	0.04			
		BENZO(g,h,i)PERYLENE	4.3	ug/L	0.04			
		BENZO(k)FLUORANTHENE	4.6	ug/L	0.04			
		CHRYSENE	4.8	ug/L	0.04			
		DIDENZO(a,h)ANTHRACENE	0.7	ug/L	0.04			
		FLUORANTHENE	12.5	ug/L	0.04			
		FLUORENE	3.7	ug/L	0.04			
		INDENO(1,2,3-cd)PYRENE	4.0	ug/L	0.04			
		NAPHTHALENE	1.5	ug/L	0.04			
		PHENANTHRENE	3.3	ug/L	0.04			
		PYRENE	9.3	ug/L	0.04			
		Surrogate: 2-Fluorobiphenyl	81.6 %	%RECOVERY	50-160			
		Surrogate: Nitrobenzene-D5	60.5 %	%RECOVERY	50-150			
		Surrogate: p-terphenyl-D14	71.4 %	%RECOVERY	50-150			

75.1

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Authorized for Release By: James Weinkauff - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-5355 E-mail: ctiabqa@columbiainspection.com

*File*



December 3, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

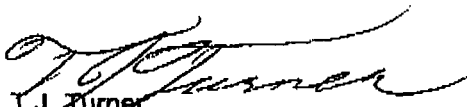
Dear Mr. Zais,

Attached please find subject report for the month of November 07. This report includes the fourth quarter PAH test results.

For the month, we had three regular discharges of our 220,000 gallon storage tanks, for a total discharge of 660,000 gallons. This discharge of 660,000 gallons was pumped on each of the following days in November: 21<sup>st</sup>, 23<sup>rd</sup>, 24<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at: [turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,

  
T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW  SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				9.8	10.1	10.4	°C		1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.				
PH	SAMPLE MEASUREMENT				7.6	7.7	7.8	SU		1/7	GRAB
	PERMIT REQUIREMENT				6.5	N/A	8.5				
OIL & GREASE	SAMPLE MEASUREMENT				ND	ND	ND	mg/L		1/7	GRAB
	PERMIT REQUIREMENT				0.0	10	15				
PHENOLS	SAMPLE MEASUREMENT				ND	ND	ND	mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
CYANIDE	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	8.5				
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT				34.65	34.65	34.65	ug/L		Qtr	GRAB
	PERMIT REQUIREMENT				0.0	N/A	400				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 30 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	07	12	03	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

FROM : KOPPERS

FAX NO. : 50328652831

DATE: 03/2007 02:47PM P2

Koppers002886

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

FACILITY LOCATION Northwest Terminal  
Multnomah County

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

TO

☐ Check here if No Discharge

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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
Benzo(a)anthracene	SAMPLE MEASUREMENT				2.0	2.0	2.0		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	22	13				
Benzo(a)pyrene	SAMPLE MEASUREMENT				2.5	2.5	2.5		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	26	39				
Benzo(b)fluoranthene	SAMPLE MEASUREMENT				3.5	3.5	3.5		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	15	27				
Benzo(k)fluoranthene	SAMPLE MEASUREMENT				2.6	2.6	2.6		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	16	26				
Chrysene	SAMPLE MEASUREMENT				3.1	3.1	3.1		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	20	27				
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT				0.7	0.7	0.7		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	7	9				
Benzene	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	250				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 33 U.S.C. § 1319 AND 33 U.S.C. § 1315. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE		
Leslie Hyde											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



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NAME

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**7540 Nw Saint Helens Road**  
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FACILITY LOCATION  
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47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9

PERMIT NUMBER

001

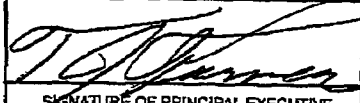
DISCHARGE NUMBER

Form Approved.  
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(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BTEX	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	1,000				
TURBIDITY	SAMPLE MEASUREMENT				10	10	10		1/30	GRAB	
	PERMIT REQUIREMENT				0.0		10				
Silver	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0						
Pentavalent Arsenic	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0						
Cadmium	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0						
Copper	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0						
Mercury	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB	
	PERMIT REQUIREMENT				0.0						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Leslie Hyde							(503) 286-3681		07 12 03		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene,

Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY LOCATION  
Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)OR-000077-9  
PERMIT NUMBER001  
DISCHARGE NUMBERForm Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (48-63) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT				ND	ND	ND			1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Tin	SAMPLE MEASUREMENT				ND	ND	ND			1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Selenium	SAMPLE MEASUREMENT				ND	ND	ND			1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Zinc	SAMPLE MEASUREMENT				ND	ND	ND			1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde TYPED OR PRINTED		(503) 286-3681	07	12	03	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: November, 2007

**MONTHLY FLOW DATA**

<u>Gallons per pumping(all 6 tanks)</u>	<u># of pump.</u>	<u># of Days/Emer. Pump.</u>	<u>Emer. Gals.</u>	<u>Total Gals.</u>	<u>Number of days during the month of</u>	<u>Average "slug" discharge per day</u>
220,000	3	0	0	660,000		#DIV/0!

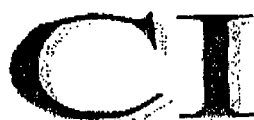
Days of the month:

**SAMPLE TEST RESULTS**

													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature	10.4	10.1	9.8	10.0									4	n/a	n/a	n/a	n/a	9.8	10.1	10.4	C
PH	7.6	7.6	7.7	7.8									4	8.0		9.0	n/a	7.6	7.7	7.8	SU
Oil & Grease	ND												1	0	10	15	12	ND	ND	ND	mg/L
Turbidity	10.0												1	0		10		10	10	10	
Benzo(a)anthracene	2.0												1		13	22		2.0	2.0	2.0	ugl
Benzo(a)pyrene	2.5												1		26	39		2.5	2.5	2.5	ugl
Benzo(b)fluoranthene	3.5												1		15	27		3.5	3.5	3.5	ugl
Benzo(k)fluoranthene	2.6												1		16	26		2.6	2.6	2.6	ugl
Chrysene	3.1												1		20	27		3.1	3.1	3.1	ugl
Dibenzo(ah)anthracene	0.7												1		7	9		0.7	0.7	0.7	ugl
Benzene	ND												1		n/a	250		ND	ND	ND	ugl
BTEX	ND												1		n/a	1000		ND	ND	ND	ugl
Cyanide	ND												1	0	n/a	8.5		ND	ND	ND	ugl
Phenols	ND												1	0.0	0.5	0.7	0.56	ND	ND	ND	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken: 11/19/2007      Test Results: 34.65 ug/L  
 ( Must be less than ) 400 ug/L



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3863

PROJECT NAME: Monthly NPDES

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 11/19/07 10:30

REPORT DATE: 11/26/07 14:16

REPORT NUMBER: 7111901

PAGE: 1 OF 15

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
7111901-01	SWtank	11/19/2007	1030	Water
7111901-01	SWtank	11/19/2007	1030	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
7111901-01	SAMPLE ID: SWtank							
General Bench Analysis								
CYANIDE, WEAK ACID	SM 4600-CN I.	CYANIDE, TOTAL	ND value, 0.0	mg/L	0.020	KMC	11/21/2007 14:58	Z-01
O & G, NP (SGT-HEM)	EPA 1664	NONPOLAR OIL & GREASE	ND	mg/L	2.0	KMC	11/21/2007 18:04	
O & G, TOTAL (HEM)		TOTAL OIL AND GREASE	ND	mg/L	2.0	KMC	11/21/2007 18:04	
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	KMC	11/21/2007 15:00	
TURBIDITY	EPA 180.1	TURBIDITY	10	NTU	0.10	KMC	11/21/2007 12:59	
Total Mercury by Cold Vapor Atomic Fluorescence								
MERCURY CV AF	EPA 245.7/1631E	MERCURY	ND	mg/L	0.00020	KMC	11/21/2007 15:27	A-01
Total Metals by Inductively Coupled Plasma								
ARSENIC - ICP	EPA 200.7/6010B	ARSENIC	ND	mg/L	0.009	KMC	11/20/2007 18:38	
CADMIUM - ICP		CADMIUM	ND	mg/L	0.003	KMC	11/20/2007 18:38	
COPPER - ICP		COPPER	ND	mg/L	0.004	KMC	11/20/2007 18:38	
LEAD - ICP		LEAD	ND	mg/L	0.004	KMC	11/20/2007 18:38	
SELENIUM - ICP		SELENIUM	ND	mg/L	0.000	KMC	11/20/2007 18:38	
SILVER - ICP		SILVER	ND	mg/L	0.009	KMC	11/20/2007 18:38	
TIN - ICP		TIN	ND	mg/L	0.036	KMC	11/20/2007 18:38	
ZINC - ICP		ZINC	ND	mg/L	0.003	KMC	11/20/2007 18:38	
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
BTEX 8260	EPA 8260	BENZENE	ND	ug/L	0.50	JRW	11/20/2007 13:07	
		TOLUENE	ND	ug/L	0.50			
		ETHYLBENZENE	ND	ug/L	0.50			
		M- & P-XYLENE	ND	ug/L	0.50			
		O-XYLENE	ND	ug/L	0.50			
		Surrogate: Dibromofluoromethane	72.7 %	%RECOVERY	50-150			
		Surrogate: Fluorobenzene	112 %	%RECOVERY	50-150			
		Surrogate: Chlorobenzene-d5	108 %	%RECOVERY	50-150			
		Surrogate: 1,4-Dichlorobenzene-d4	88.1 %	%RECOVERY	50-150			

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Authorized for Release By:

James Weinkauf - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph:(503) 286-9484 Fax:(503) 286-5355 E-mail: citabqa@ColumbiaInspection.com



# CERTIFICATE OF ANALYSIS

REPORT DATE: 11/28/07 14:16

REPORT NUMBER:7111901

PAGE: 2 OF 16

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME	NOTES
7111901-01	SAMPLE ID: SWtank							
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
PNAH 8270	EPA 8270M (SIM)	ACENAPHTHENE	0.5	ug/L	0.05	DM	11/21/2007 16:30	
		ACENAPHTHYLENE	0.05	ug/L	0.05			
		ANTHRACENE	0.5	ug/L	0.05			
		BENZO(a)ANTHRACENE	2.0	ug/L	0.05			
		BENZO(a)PYRENE	3.5	ug/L	0.05			
		BENZO(b)FLUORANTHENE	3.5	ug/L	0.05			
		BENZO(g,h,i)PERYLENE	2.5	ug/L	0.05			
		BENZO(k)FLUORANTHENE	2.8	ug/L	0.05			
		CHRYSENE	3.1	ug/L	0.05			
		DIBENZO(a,h)ANTHRACENE	0.7	ug/L	0.05			
		FLUORANTHENE	8.2	ug/L	0.05			
		FLUORENE	0.4	ug/L	0.05			
		INDENO(1,2,3-cd)PYRENE	2.5	ug/L	0.05			
		NAPHTHALENE	0.2	ug/L	0.05			
		PHENANTHRENE	1.8	ug/L	0.05			
		PYRENE	4.8	ug/L	0.05			
		Surrogate: 2-Fluorobiphenyl	75.3 %	%RECOVERY	50-150			
		Surrogate: Nitrobenzene-D5	90.1 %	%RECOVERY	50-150			
		Surrogate: p-torphenyl-D14	77.5 %	%RECOVERY	50-150			

34.65

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Authorized for Release By: James Weinkauff - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph:(503) 286-9464 Fax:(503) 286-5355 E-mail:citabqa@ColumbiaInspection.com

*File*

KOPPERS

November 13, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

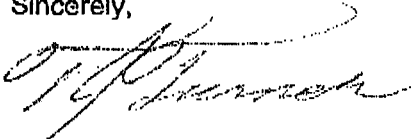
Dear Mr. Zais,

Attached please find subject report for the month of October 07. This report includes the fourth quarter PAH test results.

For the month, we had five regular discharge of our 220,000 gallon storage tanks, for a total discharge of 1,100,000 gallons. This discharge of 1,100,000 gallons was pumped on each of the following days in October: 4<sup>th</sup>, 5<sup>th</sup>, 23<sup>rd</sup>, 24<sup>th</sup>, and 27<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

11:36a

Lab Coordinator

503-365355

p.2

# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: NPDES Permit Renewal Tests

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 10/02/07 13:10

DATE: 11/13/07 11:27

REPORT NUMBER: 7100206

PAGE: 1 OF 1

## CLIENTS ID#

Discharge

## DATE

10/02/2007

## TIME

1100

## MATRIX

Water

## METHOD

## PARAMETER

## RESULTS

## UNITS

DETECTION  
LIMIT

## TECH

## DATE/TIME

## NOTES

SAMPLE ID: Discharge

Batch Analysis

PEAK: SM 4500-CN I.

CYANIDE, TOTAL

ND

mg/L

0.020

KMC

11/12/2007 18:05

O-04

CYANIDE, TOTAL

ND value, 0.008 mg/L

0.020

Z-01

## General Batch Analysis - Quality Control

Batch/Analyte

Result

Detection  
Limit

Units

Spike  
LevelSource  
Result

%REC

%REC  
Limits

RPD

RPD  
Limit

Notes

Batch 7K12010 - General Preparation

LE: Blank (7K12010-BLK1)

Prepared &amp; Analyzed: 11/12/07

TOTAL

ND

0.020

mg/L

LE: Matrix Spike (7K12010-MS1)

Source: 7100206-01 Prepared &amp; Analyzed: 11/12/07

TOTAL

0.0440

0.020

mg/L

0.0400

ND

110

80-120

Qualifiers:

Notes

This sample was analyzed outside the EP recommended holding time.

ND value, 0.008

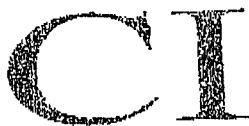
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Authorized for Release By:

James Weinkauf - Laboratory Director

COLUMBIA INSPECTION, INC 7123 N. Lombard, Portland, OR 97203

Ph: (503) 288-9464 Fax: (503) 288-5355 E-mail: cllabqa@ColumbiaInspection.com



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3863

PROJECT NAME: NPDES Permit Renewal Tests

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 10/02/07 13:10

REPORT DATE: 10/03/07 16:45

REPORT NUMBER: 7100206

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
7100206-01	Discharge	10/02/2007	1100	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
7100206-01	SAMPLE ID: Discharge						
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1664	TOTAL OIL AND GREASE	4.2	mg/L	2.0	KC	10/03/2007 14:20
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	KC	10/03/2007 13:00
TURBIDITY	EPA 180.1	TURBIDITY	3.0	NTU	0.10	KC	10/03/2007 11:30
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 8270	EPA 8270M (SIM)	ACENAPHTHENE	0.3	ug/L	0.05	DM	10/03/2007 17:12
		ACENAPHTHYLENE	ND	ug/L	0.05		
		ANTHRACENE	ND	ug/L	0.05		
		BENZO(a)ANTHRACENE	ND	ug/L	0.05		
		BENZO(a)PYRENE	ND	ug/L	0.05		
		BENZO(b)FLUORANTHENE	0.3	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	ND	ug/L	0.05		
		BENZO(k)FLUORANTHENE	ND	ug/L	0.05		
		CHRYSENE	ND	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	ND	ug/L	0.05		
		FLUORANTHENE	0.4	ug/L	0.05		
		FLUORENE	ND	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	ND	ug/L	0.05		
		NAPHTHALENE	ND	ug/L	0.05		
		PHENANTHRENE	ND	ug/L	0.05		
		PYRENE	ND	ug/L	0.05		
		Surrogate: 2-Fluorobiphenyl	68.8 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	83.3 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	89.6 %	%RECOVERY	50-150		

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Authorized for Release By:

*Charles Morrow*  
Charles Morrow - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-5355 E-mail: cilabqa@ColumbiaInspection.com





# CERTIFICATE OF ANALYSIS

REPORT DATE: 09/12/07 12:59

REPORT NUMBER: 7082210

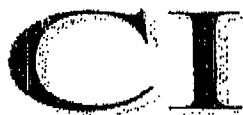
PAGE: 2 OF 12

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	REPORTING LIMIT	TECH	DATE/TIME	NOTES
7082210-01	SAMPLE ID: Stormwater Tanks							
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
VOC 824 Extended	EPA 824	CHLOROBENZENE	ND	mg/L	0.0005	JRW	08/29/2007 15:08	
		CHLOROFORM	ND	mg/L	0.0005			
		1,2-DICHLOROETHANE	ND	mg/L	0.0005			
		TRICHLOROETHYLENE	ND	mg/L	0.0005			
		Surrogate: Dibromofluoromethane	88.9 %	%RECOVERY	50-150			
		Surrogate: Fluorobenzene	106 %	%RECOVERY	50-150			
		Surrogate: Chlorobenzene-d5	99.7 %	%RECOVERY	50-150			
		Surrogate: 1,4-Dichlorobenzene-d4	86.1 %	%RECOVERY	50-150			
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy								
ACID SEMIVOLS 825	EPA 825	PENTACHLOROPHENOL	ND	mg/L	0.0120	DM	08/28/2007 00:45	
		Surrogate: Phenol-d6	27.3 %	%RECOVERY	15-150			
		Surrogate: 2,4,6-Tribromophenol	89.2 %	%RECOVERY	50-150			
B/N SEMIVOL 826		2,4-DINITROTOLUENE	ND	mg/L	0.00240	DM	08/28/2007 00:45	
		NITROBENZENE	ND	mg/L	0.00240			
		Surrogate: 2-Fluorobiphenyl	38.9 %	%RECOVERY	50-150			
		Surrogate: Nitrobenzene-D5	53.8 %	%RECOVERY	50-150			
		Surrogate: p-terphenyl-D14	67.3 %	%RECOVERY	50-150			
Semi-Volatile Organics by Gas Chromatography/ECD								
PESTICIDES 825	EPA 825	CHLORDANE	ND	mg/L	0.00400	crm	08/06/2007 10:36	
		ALPHA-CHLORDANE	ND	mg/L	0.00400			
		GAMMA-CHLORDANE	ND	mg/L	0.00400			
General Petroleum Analysis								
FLASH POINT - PM A.F	ASTM D-93	FLASH POINT	>212	DEG. F		DM	08/31/2007 17:16	F-03

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Authorized for Release By: CI

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9484 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3863

PROJECT NAME: POTW Discharge

PHONE: (503) 286-3681  
FAX: (503) 286-2831

SUBMITTED: 08/22/07 14:22

REPORT DATE: 09/12/07 12:59

REPORT NUMBER: 7082210

PAGE: 1 OF 12

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX				
7082210-01	Stormwater Tanks	08/22/2007	1100	Water				
7082210-01	Stormwater Tanks	08/22/2007	1100	Water				
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	REPORTING LIMIT	TECH	DATE/TIME	NOTES
7082210-01 SAMPLE ID: Stormwater Tanks								
General Bench Analysis								
BOD	EPA405.15M5210B	5-DAY BOD TEST	6.66	mg/L	5.00	kc	08/20/2007 14:45	
CYANIDE, TOTAL	SM 4500-CN-B,C	CYANIDE, TOTAL	0.010	mg/L	0.0030	kc	08/28/2007 16:19	
O & G, NP (SGT-HEM)	EPA 1664	NONPOLAR OIL & GREASE	3.1	mg/L	2.0	kc	08/28/2007 16:47	
O & G, TOTAL (HEM)		TOTAL OIL AND GREASE	11.4	mg/L	2.0	kc	08/27/2007 16:48	
PH	EPA 150.1/8040	pH	7.15	SU		kc	08/22/2007 16:45	
		TEMPERATURE (C)	21.5	SU				
SULFIDE	EPA 376.1	SULFIDE	ND	mg/L	1.0	kc	08/27/2007 16:19	
SUSPENDED SOLIDS	EPA160.2/SM2540	TOTAL SUSPENDED SOLIDS	ND	mg/L	5.00	kc	08/29/2007 16:17	
Total Mercury by Cold Vapor Atomic Fluorescence								
MERCURY CV AF	EPA 245.7/1831E	MERCURY	ND	mg/L	0.000050	KEL	08/30/2007 11:21	
Total Metals by Inductively Coupled Plasma								
ARSENIC - ICP	EPA 200.7/6010B	ARSENIC	ND	mg/L	0.010	KEL	09/06/2007 13:07	
CADMIUM - ICP		CADMIUM	ND	mg/L	0.003	KEL	09/06/2007 13:07	
CHROMIUM - ICP		CHROMIUM	ND	mg/L	0.005	KEL	09/06/2007 13:07	
COPPER - ICP		COPPER	ND	mg/L	0.005	KEL	09/06/2007 13:07	
LEAD - ICP		LEAD	ND	mg/L	0.005	KEL	09/06/2007 13:07	
MOLYBDENUM - ICP		MOLYBDENUM	ND	mg/L	0.005	KEL	09/06/2007 13:07	
NICKEL - ICP		NICKEL	ND	mg/L	0.020	KEL	09/06/2007 13:07	
SELENIUM - ICP		SELENIUM	ND	mg/L	0.10	KEL	09/06/2007 13:07	
SILVER - ICP		SILVER	ND	mg/L	0.010	KEL	09/06/2007 13:07	
ZINC - ICP		ZINC	ND	mg/L	0.003	KEL	09/06/2007 13:07	
Volatile Organics by Gas Chromatography/Mass Spectroscopy								
VOC 624 Extended	EPA 624	ACRYLONITRILE	ND	mg/L	0.0100	JRW	09/29/2007 15:08	
		BENZENE	ND	mg/L	0.0005			

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Authorized for Release By:

*Charles Morrow*  
Charles Morrow - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-8484 Fax: (503) 286-5355 E-mail: lab@columbiainspection.com

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

FACILITY LOCATION Northwest Terminal  
Multnomah County

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18)

OR-090077-9  
PERMIT NUMBER

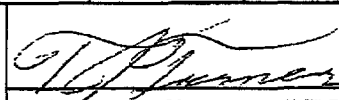
001  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2340-0034  
Approval expires 05-31-08

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
FLOW	SAMPLE MEASUREMENT								0	N/A	CALC	
SEE COVER LETTER	PERMIT REQUIREMENT			GPD								
TEMPERATURE	SAMPLE MEASUREMENT				12.2	14.6	21.1	0	1/7	GRAB		
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.	C				
PH	SAMPLE MEASUREMENT				7.2	7.5	7.8		1/7	GRAB		
	PERMIT REQUIREMENT				6.5	N/A	8.5	SU				
OIL & GREASE	SAMPLE MEASUREMENT				4.2	5.5	6.7		1/7	GRAB		
	PERMIT REQUIREMENT				0.0	10	15	mg/L				
PHENOLS	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB		
	PERMIT REQUIREMENT				0.0	0.5	0.7	mg/L				
CYANIDE	SAMPLE MEASUREMENT				8.0	8.0	8.0		1/30	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	8.5	ug/L				
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT				1.0	1.0	1.0		Qtr	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	400	ug/L				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1011. Offenses under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 5 months and 5 years.</small>						TELEPHONE		DATE		
Leslie Hyde												
TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						(503) 286-3681		07	11	13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)OR-000077-9  
PERMIT NUMBER001  
DISCHARGE NUMBERForm Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

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PARAMETER (32-37)	X	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Benzo(a)anthracene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	22	13				
Benzo(a)pyrene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	26	39				
Benzo(b)fluoranthene	SAMPLE MEASUREMENT				0.3	0.3	0.3	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	15	27				
Benzo(k)fluoranthene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	16	26				
Chrysene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	20	27				
Dibenzo(ab)anthracene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	7	9				
Benzene	SAMPLE MEASUREMENT				ND	ND	ND	ug/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 119. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE		
TYPED OR PRINTED							(503) 286-3681		07 11 13		
Leslie Hyde		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

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47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

OR-000077-9

PERMIT NUMBER

001


DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BTEX	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000			
TURBIDITY	SAMPLE MEASUREMENT				3.0	3.0	3.0		1/30	GRAB
	PERMIT REQUIREMENT				0.0		10			
Silver	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Pentavalent Arsenic	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Cadmium	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Copper	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Mercury	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY SAMPLED AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)					TELEPHONE		DATE	
Leslie Hyde							(503) 286-3681		07 11 13	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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CC: M. Prenold, City of Portland; F. Self, KI; S. Flynn, KI

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Per MAO June 8, 2007  
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Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

## MONITORING PERIOD


YEAR MO DAY			YEAR MO DAY		
07	10	01	07	10	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

☐ Check here if No Discharge

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PARAMETER (32-37)	X	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Tin	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Selenium	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Zinc	SAMPLE MEASUREMENT				ND	ND	ND		1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1301 AND 15 U.S.C. § 1303. If a violation under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.	TELEPHONE	DATE		
Leslie Hyde TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681 AREA CODE NUMBER	07	11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KT; S. Flynn, KI

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: October, 2007

**MONTHLY FLOW DATA**Gallons per pumping(all 6 tanks)# of pump.# of Days/Emer. Pump.Emer. Gals.Total Gals.Number of days during the month of actual dischargeAverage "slug" discharge per day

220,000

5

0

0

1,100,000

#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature	21.1	15.5	15.2	14.9	12.5	12.2	12.4	13.1					8	n/a	n/a	n/a	n/a	12.2	14.6	21.1	C
PH	7.2	7.4	7.5	7.4	7.5	7.4	7.6	7.8					8	6.0		9.0	n/a	7.2	7.5	7.8	SU
Oil & Grease	4.2				6.7								2	0	10	15	12	0.0	5.5	0.0	mg/L
Turbidity	3.0												1	0		10		3	3	3	
Benzo(a)anthracene	ND												1		13	22		ND	ND	ND	ugl
Benzo(a)pyrene	ND												1		26	39		ND	ND	ND	ugl
Benzo(b)fluoranthene	0.3												1		15	27		0.3	0.3	0.3	ugl
Benzo(k)fluoranthene	ND												1		16	26		ND	ND	ND	ugl
Chrysene	ND												1		20	27		ND	ND	ND	ugl
Dibenzo(ah)anthracene	ND												1		7	9		ND	ND	ND	ugl
Benzene	ND												1		n/a	250		ND	ND	ND	ugl
BTEX	ND												1		n/a	1000		ND	ND	ND	ugl
Cyanide	8.0												1	0	n/a	8.5		8	8	8	ugl
Phenols	ND												1	0.0	0.5	0.7	0.56	0.00	0.00	0.00	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

10/2/2007

Test Results: 1.0 ug/L  
( Must be less than ) 400 ug/L

*File  
10/4/07*



**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

October 4, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of September 2007.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,

A handwritten signature in dark ink, appearing to read "T. J. Turner". The signature is fluid and cursive, with a large, stylized 'T' and 'J'.

T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI



Oct. 04 2007 08:39AM P2

FAX NO. :5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)OR-000077-9  
PERMIT NUMBER001  
DISCHARGE NUMBERForm Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	09	1	07	09	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW  SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC	
	PERMIT REQUIREMENT											
TEMPERATURE	SAMPLE MEASUREMENT							° C		1/7	GRAB	
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.					
PH	SAMPLE MEASUREMENT							SU		1/7	GRAB	
	PERMIT REQUIREMENT				6.5	N/A	8.5					
OIL & GREASE	SAMPLE MEASUREMENT							mg/L		1/7	GRAB	
	PERMIT REQUIREMENT				0.0	10	15					
PHENOLS	SAMPLE MEASUREMENT							mg/L		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	0.5	0.7					
CYANIDE	SAMPLE MEASUREMENT							ug/L		1/30	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	8.5					
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT							ug/L		Qtr	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	400					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		(CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$12,000 and or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Leslie Hyde												
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs' total, Benzene, BTEX and Cyanide.

CC: M. Pringold, City of Portland; T. Self, KI; S. Flynn, KI

Oct. 04 2007 08:40AM P3

FAX NO. : 5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-18)

OR-000077-9

001

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD								
YEAR	MO	DAY	YEAR	MO	DAY			
07	09	1	07	09	30			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM												
Benzo(a)anthracene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	22	13												
Benzo(a)pyrene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	26	39												
Benzo(b)fluoranthene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	15	27												
Benzo(k)fluoranthene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	16	26												
Chrysene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	20	27												
Dibenzo(ab)anthracene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	7	9												
Benzene	SAMPLE MEASUREMENT								Qtrly	GRAB									
	PERMIT REQUIREMENT				0.0	N/A	250												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE										
Leslie Hyde																			
TYPED OR PRINTED																			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY								

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

EPA Form 3320-1 (10-96)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 2 OF 4

Oct. 04 2007 08:40AM P4

FAX NO. : 5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

**OR-000077-9** **001**  
PERMIT NUMBER DISCHARGE NUMBER


Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BTEX	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000	ug/L		
TURBIDITY	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Silver	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Pentavalent Arsenic	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Cadmium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Copper	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		
Mercury	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE		
<b>Leslie Hyde</b> TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681 AREA CODE NUMBER	07 YEAR	10 MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

3 4  
PAGE OF

Koppers002906

Oct. 04 2007 08:40AM P5

FAX NO. : 5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)PERMIT NUMBER OR-000077-9  
DISCHARGE NUMBER 001Form Approved,  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	09	1	07	09	30
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Lead	SAMPLE MEASUREMENT							mg/L		1/30	GRAB		
	PERMIT REQUIREMENT				0.0								
Tin	SAMPLE MEASUREMENT							mg/L		1/30	GRAB		
	PERMIT REQUIREMENT				0.0								
Selenium	SAMPLE MEASUREMENT							mg/L		1/30	GRAB		
	PERMIT REQUIREMENT				0.0								
Zinc	SAMPLE MEASUREMENT							mg/L		1/30	GRAB		
	PERMIT REQUIREMENT				0.0								
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 52 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)							TELEPHONE		DATE		
Leslie Hyde													
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: September, 2007

**MONTHLY FLOW DATA**

<u>Gallons per pumping(all 6 tanks)</u>	<u># of pump.</u>	<u># of Days(Emer. Pump.</u>	<u>Emer. Gals.</u>	<u>Total Gals.</u>	<u>Number of days during the month of actual discharge</u>	<u>Average "slug" discharge per day</u>
220,000		0	0	0		#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature														n/a	n/a	n/a	n/a		####		C
PH														6.0		9.0	n/a		####		SU
Oil & Grease														0	10	15	12	0.0	####	0.0	mg/L
Phenols														0.0	0.5	0.7	0.56	0.00	####	0.00	mg/l

**QUARTERLY PAH SAMPLING**

Date sample taken:

 Test Results:                      ug/L  
 ( Must be less than 1000 ug/L)

**KOPPERS**

*File*

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

September 5, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of August 2007.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (D/MR)  
(2-18) (37-18)

OR-00077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER


Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (34-43) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT								1/7	GRAB	
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.				
PH	SAMPLE MEASUREMENT								1/7	GRAB	
	PERMIT REQUIREMENT				6.5	N/A	8.5				
OIL & GREASE	SAMPLE MEASUREMENT								1/7	GRAB	
	PERMIT REQUIREMENT				0.0	10	15				
PHENOLS	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0	0.5	0.7				
CYANIDE	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	8.5				
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT								Qtr	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	400				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1331a. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of not more than 5 months and 5 years.</small>	TELEPHONE	DATE		
<b>Leslie Hyde</b> TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681 AREA CODE NUMBER	07	09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ab)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Proulx, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 NW Saint Helens Road**  
**Portland, Or. 97210-3663**

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-8) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

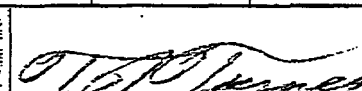
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Benzo(a)anthracene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	22	13			
Benzo(a)pyrene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	26	39			
Benzo(b)fluoranthene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	15	27			
Benzo(k)fluoranthene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	16	26			
Chrysene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	20	27			
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	7	9			
Benzene	SAMPLE MEASUREMENT								Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leslie Hyde

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECT OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 7201 AND 33 U.S.C. § 1519. Penalties under these statutes may include fines up to \$25,000 and/or 5 years, or both, for each violation between 5 months and 5 years.

  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

(503) 286-3681

DATE

07 09 04

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Seif, KI; S. Flynn, KI

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 2 OF 4



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAMEADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008FACILITY  
LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE MINIMATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BTEX	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000				
TURBIDITY	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Silver	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Pentavalent Arsenic	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Cadmium	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Copper	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
Mercury	SAMPLE MEASUREMENT							mg/L		1/30	GRAB
	PERMIT REQUIREMENT				0.0						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY AGENCY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 33 U.S.C. § 1061 AND 33 U.S.C. § 1312. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>					TELEPHONE		DATE		
Leslie Hyde TYPED OR PRINTED							(503) 286-3681		07 09 04		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following; Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 3 OF 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

**Interim Permit Limits**  
**Per MAO June 8, 2007**  
**to November 30, 2008**

FACILITY  
LOCATION **Northwest Terminal**  
**Multnomah County**

**47430 / 101642**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-000077-9

001

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98


MONITORING PERIOD								
YEAR	MO	DAY	YEAR	MO	DAY			
07	08	01	07	08	31			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

FROM

TO

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Lead	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Tin	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Selenium	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
Zinc	SAMPLE MEASUREMENT									1/30	GRAB		
	PERMIT REQUIREMENT				0.0			mg/L					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1313. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
Leslie Hyde													
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY
											07	09	04

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Seif, KI; S. Flynn, KI  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

**KOPPERS**

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

August 2, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

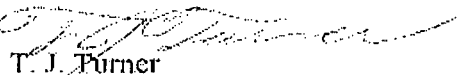
Dear Mr. Zais,

Attached please find subject report for the month of July 2007.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if Different)  
NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

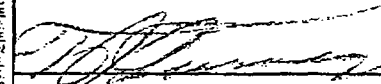
FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

MONITORING PERIOD											
YEAR			MO			DAY					
FROM	07	07	01	TO	07	07	31				
(20-21)		(22-23)		(24-25)		(26-27)		(28-29)		(30-31)	

☒ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM						
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC			
SEE COVER LETTER	PERMIT REQUIREMENT												
TEMPERATURE	SAMPLE MEASUREMENT							C	1/7	GRAB			
	PERMIT REQUIREMENT				N/A	N/A	<25deg C.						
PH	SAMPLE MEASUREMENT							SU	1/7	GRAB			
	PERMIT REQUIREMENT				6.5	N/A	8.5						
OIL & GREASE	SAMPLE MEASUREMENT							mg/L	1/7	GRAB			
	PERMIT REQUIREMENT				0.0	10	15						
PHENOLS	SAMPLE MEASUREMENT							mg/L	1/30	GRAB			
	PERMIT REQUIREMENT				0.0	0.5	0.7						
CYANIDE	SAMPLE MEASUREMENT							ug/L	1/30	GRAB			
	PERMIT REQUIREMENT				0.0	N/A	8.5						
POLY AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT							ug/L	Qtr	GRAB			
	PERMIT REQUIREMENT				0.0	N/A	400						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 28 U.S.C. § 1341b. (Penalties for such offenses may include fines up to \$10,000, and or imprisonment or both for 5 years and 5 years.)						TELEPHONE		DATE			
Leslie Hyde								(503) 286-3681		07	08	02	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
Per MAO of June 8, 2007. The interim limits are referenced for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI  
(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

FACILITY LOCATION Northwest Terminal  
Multnomah County

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-1E) (17-1B)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY  
FROM 07 07 01 TO 07 07 31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (2 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Benzo(a)anthracene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	22	13				
Benzo(a)pyrene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	26	39				
Benzo(b)fluoranthene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	15	27				
Benzo(k)fluoranthene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	16	26				
Chrysene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	20	27				
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	7	9				
Benzene	SAMPLE MEASUREMENT							ug/L		Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	N/A	250				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1361 AND 26 U.S.C. § 1315. (There are under these statutes may include fines up to \$15,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE (503) 286-3681		DATE 07 08 02			
TYPED OR PRINTED Leslie Hyde		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (include Facility Name/Location, if Different)  
NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-15) (17-19)

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

ADDRESS **Koppers Inc.**  
**7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

**Interim Permit Limits**  
**Per MAO June 8, 2007**  
**to November 30, 2008**

**OR-000077-9**  
PERMIT NUMBER

**001**  
DISCHARGE NUMBER

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

**47430 / 101642**

MONITORING PERIOD  
FROM 

YEAR	MO	DAY
07	07	01

 TO 

YEAR	MO	DAY
07	07	31

  
(20-21) (22-23) (24-25) (25-27) (28-29) (30-31)

☒ Check here if No Discharge

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BTEX	SAMPLE MEASUREMENT									Qtrly	GRAB
	PERMIT REQUIREMENT				0.0	N/A	1,000	ng/L			
TURBIDITY	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Silver	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Pentavalent Arsenic	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Cadmium	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Copper	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			
Mercury	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	IDENTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1311. (Penalties under these statutes may include fines up to \$12,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie Hyde		(503) 286-3681	07	08	02	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

Aug. 02 2007 01:12PM P4

FAX NO. : 5032852831

FROM : KOPPERS

Koppers002917

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS Koppers Inc.  
7540 Nw Saint Helens Road  
Portland, Or. 97210-3663

Interim Permit Limits  
Per MAO June 8, 2007  
to November 30, 2008

FACILITY LOCATION Northwest Terminal  
Multnomah County

47430 / 101642

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9  
PERMIT NUMBER

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DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0					
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1201 AND 33 U.S.C. § 1218. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of 5 years or 6 months, whichever is greater.)	TELEPHONE		DATE		
Leslie Hyde		(503) 286-3681		07	08	02
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007. The interim limits are referenced for the following:

Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene.

Dibenzo(ah)anthracene, PAHs'-total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

**FAX TRANSMITTAL**

**KOPPERS INC.**  
**7540 NW SAINT HELENS RD.**  
**PORTLAND, OR 97210-3663**

**TELEPHONE: 503-286-3681**  
**FAX: 503-285-2831**

**TO:** Traci Self

**DATE: July 24, 07**

**CC:** Greg Traczek; Bill Meisinger

**FROM:** TJ Turner

**TOTAL # OF**  
**PAGES: 3**

**SUBJECT:** Letter from City of Portland

**IF THIS TRANSMITTAL IS RECEIVED IN ERROR, PLEASE ADVISE.**





# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

October 3, 2005

Koppers Industries, Inc.  
Amos Kamerer  
7540 NW St. Helen's Rd.  
Portland, OR 97210

Re: Stormwater discharge to City of Portland sewer system.

Dear Mr. Kamerer:

In response to your request for stormwater discharge to the City sewer system dated September 28, 2005; the city has discharge limits that will need to be met before discharge can be allowed. The following is the current local limitations in effect at this time.

Pollutant Name	Local Limit Daily Max (mg/L)	10/26/05 Sample Test Results
<b>METALS</b>		
Arsenic	0.2	ND
Cadmium	0.7	ND
Chromium	5.0	ND
Copper	3.7	1.0
Lead	0.7	0.03
Mercury	0.010	0.00011
Molybdenum	1.4	ND
Nickel	2.8	ND
Selenium	0.6	ND
Silver	0.4	ND
Zinc	3.7	0.39
<b>NON-METALS (INORGANICS)</b>		
Cyanide	1.2	ND
pH	5.0-11.5 su	
Sulfide	4.0	ND

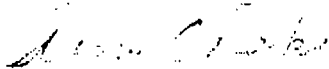
NON-METALS (ORGANICS)

1,2-Dichloroethane	0.50	NO
2,4-Dinitrotoluene	0.13	NO
Acrylonitrile	1.00	NO
Chlordane	0.03	NO
Chlorobenzene	0.20	NO
Chloroform	0.20	NO
Nitrobenzene	2.00	NO
Pentachlorophenol	0.04	NO
Trichloroethylene	0.20	NO
Non-polar Oil & Grease	110	NO

Sampling listed in your submittal indicated high readings for Selenium; 6.9 mg/l and for Zinc, 6.3 mg/l. Benzene at 29 mg/l would also be a concern. If you want to consider pretreating the discharge to local limitations you may apply for a permit at any time. I am also enclosing a copy of the City Code which includes the local limits for your review.

If you have comments or questions as you read through the materials, please do not hesitate to contact me at 823-7230.

Respectfully,



Ann O'Roke, Permit Manager  
Industrial Source Control Division

Cc: Industry File

**KOPPERS**

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
tel 503 286 3681  
fax 503 285 2831  
www.koppers.com

July 5, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave. Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

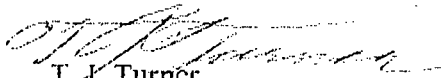
Dear Mr. Zais,

Attached please find subject report for the month of June 2007.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at (503) 286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
T. J. Turner  
Plant Superintendent

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
**OR-000077-9** **001**  
PERMIT NUMBER DISCHARGE NUMBER

47430  
101642

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
**07 06 01 07 06 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-40)	QUANTITY OR LOADING (41-43)			QUALITY OR CONCENTRATION (44-46)			NO. EX (47-48)	FREQUENCY OF ANALYSIS (49-50)	SAMPLE TYPE (51-52)		
		AVERAGE (41-42)	MAXIMUM (43-44)	UNITS (45-46)	MINIMUM (44-45)	AVERAGE (46-47)	MAXIMUM (48-49)				UNITS (50-51)	
FLOW	PERMIT REQUIREMENT			GPD				0	N/A	CALC.		
SEE COVER LETTER	SAMPLE MEASUREMENT											
TEMPERATURE	PERMIT REQUIREMENT				N/A	N/A	<25deg C.		1/7	GRAB		
PH	SAMPLE MEASUREMENT				6.5	N/A	8.5		1/7	GRAB		
OIL & GREASE	PERMIT REQUIREMENT				0.0	10	15		1/7	GRAB		
PHENOLS	SAMPLE MEASUREMENT				0.0	0.5	0.7		1/30	GRAB		
CYANIDE	PERMIT REQUIREMENT				0.0	0.0049	0.0085		1/30	GRAB		
POLYNUCLEAR AROMATIC HYDROCARBONS	SAMPLE MEASUREMENT				0.0	N/A	250		Qtr	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONS HAVE PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON THE INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 40 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these Federal laws include fines up to \$10,000 and 5 years imprisonment or both, and civil penalties up to \$10,000 per day of violation.)						TELEPHONE		DATE		
Leslie Hyde								(503) 286-3681		07 07 05		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per MAO of June 8, 2007, Please reference the interim limits for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs - total, Benzene BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name, Location, & Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road  
Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

**OR-000077-9**  
PERMIT NUMBER

**001**  
DISCHARGE NUMBER

47430  
101642

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY **Northwest Terminal**  
LOCATION **Multnomah County**

MONITORING PERIOD  
FROM: YEAR **07** MO **06** DAY **01** TO YEAR **07** MO **06** DAY **30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Benzo(a)anthracene	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Benzo(a)pyrene,	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Benzo(b)fluoranthene	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Benzo(k)fluoranthene,	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Chrysene,	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Dibenzo(ah)anthracene	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	0.032	mg/l					
Benzene	SAMPLE MEASUREMENT									Qtrly	GRAB		
	PERMIT REQUIREMENT				0.0	N/A	25	mg/l					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON ANY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 2001 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE				
Leslie Hyde							(503) 286-3681		07 07 05				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER		YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007, Please reference the interim limits for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs - total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road  
Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
**OR-000077-9** **001**  
PERMIT NUMBER DISCHARGE NUMBER

47430

101642

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY  
LOCATION **Northwest Terminal  
Multnomah County**

MONITORING PERIOD  
FROM 

YEAR	MO	DAY
07	06	01

 TO 

YEAR	MO	DAY
07	06	30

  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (48-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BTEX	SAMPLE MEASUREMENT								Qtrly	GRAB	
	PERMIT REQUIREMENT				0.0	N/A	250	mg/l			
TURBIDITY	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
Silver	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
Pentavalent Arsenic	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
Cadmium	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
Copper	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
Mercury	SAMPLE MEASUREMENT								1/30	GRAB	
	PERMIT REQUIREMENT				0.0			mg/l			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR FURNISHING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 42 U.S.C. § 1919. (Penalties under these statutes may include fines up to \$500K and a maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
TYPED OR PRINTED							(503) 286-3681		07 07 05		
Leslie Hyde		T.J. Turner					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007, Please reference the interim limits for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene,

Dibenzo(ab)anthracene, PAHs - total, Benzene, BTEX and Cynide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road  
Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)  
**OR-000077-9**  
PERMIT NUMBER  
**001**  
DISCHARGE NUMBER

47430  
101642

Form Approved  
OMB No. 2040-0084  
Approval expires 05-31-98

FACILITY LOCATION  
**Northwest Terminal  
Multnomah County**

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
**07 06 01 07 06 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Lead	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/l		
Tin	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/l		
Selenium	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/l		
Zinc	SAMPLE MEASUREMENT								1/30	GRAB
	PERMIT REQUIREMENT				0.0			mg/l		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISOR IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1011 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or the maximum term of imprisonment of 5 months and 2 years.	TELEPHONE	DATE			
Leslie Hyde TYPED OR PRINTED		T. J. Turner SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681	07	07	05
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Per MAO of June 8, 2007, Please reference the interim limits for the following: Benzo(a)anthracene, Benzo(a)pyrene, Benzo(b)fluoranthene, Benzo(k)fluoranthene, Chrysene, Dibenzo(ah)anthracene, PAHs - total, Benzene, BTEX and Cyanide.

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



June 4, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of May 07.

For the month, we had one regular discharge of our 220,000 gallon storage tanks, for a total discharge of 220,000 gallons. This discharge of 220,000 gallons was pumped on each of the following days in May: 24<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T.J. Turner".

T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI



## MONTHLY NPDES - DMR - WORK SHEET

Month & Year: May, 2007

### MONTHLY FLOW DATA

<u>Gallons per pumping(all 6 tanks)</u>	<u># of pump.</u>	<u># of Days/Emer. Pump.</u>	<u>Emer. Gals.</u>	<u>Total Gals.</u>	<u>Number of days during the month of actual discharge</u>	<u>Average "slug" discharge per day</u>
220,000	1	0	0	220,000	-	#DIV/0!

Days of the month:

### SAMPLE TEST RESULTS

													# of Samples	<u>LIMITS</u>			80% of Max.	<u>ACTUAL</u>			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature	15.5	16.4											2	n/a	n/a	n/a	n/a	15.5	15.95	16.4	C
PH	7.6	7.4											2	6.0		9.0	n/a	7.6	7.50	7.4	SU
Oil & Grease	ND												1	0	10	15	12	0.0	ND	ND	mg/L
Phenols	0.074												1	0.0	0.5	0.7	0.56	0.000	0.074	0.074	mg/L

### QUARTERLY PAH SAMPLING

Date sample taken:

Test Results:                      ug/L  
( Must be less than 1000 ug/L)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

47430

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

101642

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC.		
	PERMIT REQUIREMENT											
SEE COVER LETTER	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
TEMPERATURE	SAMPLE MEASUREMENT				15.5	15.95	16.4	°C	1/7	GRAB		
	PERMIT REQUIREMENT				N/A	N/A	N/A					
PH	SAMPLE MEASUREMENT				7.60	7.50	7.40	SU	1/7	GRAB		
	PERMIT REQUIREMENT				6.0	N/A	9.0					
OIL & GREASE	SAMPLE MEASUREMENT				0.0	ND	ND	mg/l	1/7	GRAB		
	PERMIT REQUIREMENT				0.0	10	15					
PHENOLS	SAMPLE MEASUREMENT				0.00	0.074	0.074	mg/l	1/30	GRAB		
	PERMIT REQUIREMENT				0.0	0.5	0.7					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$50,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Leslie Hyde												
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY
		T.J. Turner							(503) 286-3681	07	06	04

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland: T. Self, KI: S. Flynn, KI



# CERTIFICATE OF ANALYSIS

*Call the fax shot - is can meet PATT at 1024411*

CLIENT: KOPPERS INDUSTRIES, INC.  
7540 NW ST. HELENS ROAD  
PORTLAND OR 97210-3663

PHONE: (503) 286-3681  
FAX: (503) 286-2831

DATE SUBMITTED: 01/03/19

PROJECT NAME: WASTE WATER TANKS

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
000006-001		01/03/2000	1000	Water	WASTE WATER GRAB SAMPLE

REPORT DATE: 01/05/2000      REPORT NUMBER: 000006      PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULT	UNIT	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE		SAMPLE ID:				
000006-001	O & G TOTAL (HEM)	TOTAL OIL AND GREASE	ND	mg/L	2	Gordon L.
	PHENOLS, TOTAL	TOTAL RECOVERABLE PHENOLICS	0.16	mg/L	0.05	Dick R.
	ENAH 2	ACENAPHTHENE	7.7	ug/L	0.05	Jacob F.
	EPA 625 (SIM)	ACENAPHTHYLENE	1.3	ug/L	0.05	
		ANTHRACENE	5.2	ug/L	0.05	
		BENZO(A)ANTHRACENE	24	ug/L	0.05	
		BENZO(A)PYRENE	42	ug/L	0.2	
		BENZO(B)FLUORANTHENE	30	ug/L	0.2	
		BENZO(GHI)PERYLENE	34	ug/L	0.5	
		BENZO(K)FLUORANTHENE	29	ug/L	0.2	
		CHRYSENE	29	ug/L	0.05	
		DIBENZO(AH)ANTHRACENE	5.6	ug/L	0.3	
		FLUORANTHENE	46	ug/L	0.05	
		FLUORENE	5.5	ug/L	0.05	
		INDENO(1,2,3-CD)PYRENE	38	ug/L	0.4	
		NAPHTHALENE	0.79	ug/L	0.05	
		PHENANTHRENE	16	ug/L	0.05	
		PYRENE	42	ug/L	0.05	
		SUBROGATE	77%		1 RECOVERY 50%-150%	

REVIEWED BY: *Martin Little*  
Martin Little - Quality Manager

5032852831

FROM : KOPPERS

FAX NO. : 5032852831

May. 14 2007 12:32PM P1

**KOPPERS**

FAX TRANSMITTAL

7540 N.W. Saint Helens Rd.  
Portland, Oregon 97210-3663  
Phone: (503) 286-3681  
Fax: (503) 285-2831  
Web Page: [www.koppers.com](http://www.koppers.com)

TO: Traci Self

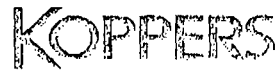
DATE: 6/19/07

FROM: JEFFSON / TJ

TOTAL # OF PAGES: 2

IF THIS TRANSMITTAL IS IN ERROR, PLEASE CALL 503-286-3681 FAX # 503-285-2831

Koppers002931



May 2, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of April 07. This report includes the second quarter PAH test results.

For the month, we had one regular discharge of our 220,000 gallon storage tanks, for a total discharge of 220,000 gallons. This discharge of 220,000 gallons was pumped on each of the following days in April: 20<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
**OR-000077-9** **001**  
PERMIT NUMBER DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY LOCATION  
**Northwest Terminal**  
**Multnomah County**


MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM **07 04 01** TO **07 04 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

47430

101642

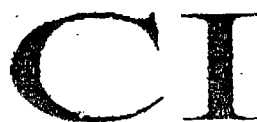
☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE (49-53)	MAXIMUM (54-57)	UNITS (58-61)	MINIMUM (46-49)	AVERAGE (50-53)	MAXIMUM (54-57)				UNITS (58-61)
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				9.8	10.85	11.9	°C		1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.7	7.7	7.7	SU		1/7	GRAB
	PERMIT REQUIREMENT				6.0	N/A	9.0				
OIL & GREASE	SAMPLE MEASUREMENT				4.6	4.6	4.6	mg/l		1/7	GRAB
	PERMIT REQUIREMENT				0.0	10	15				
PHENOLS	SAMPLE MEASUREMENT				ND	ND	ND	mg/l		1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 53 U.S.C. § 1215. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Leslie Hyde		 T.J. Turner SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					(503) 286-3681		07 05 02		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3681

FAX: (503) 285-2831

SUBMITTED: 04/19/07 08:25

REPORT DATE: 04/23/07 10:52

REPORT NUMBER: 7041901

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX			
7041901-01	Stormwater Tanks	04/19/2007	0730	Water			
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
7041901-01	SAMPLE ID: Stormwater Tanks						
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1884	TOTAL OIL AND GREASE	4.6	mg/L	2.0	JRW	04/20/2007 11:06
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	DAU	04/18/2007 15:22
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 825	EPA 625 (SIM)	ACENAPHTHENE	3.7	ug/L	0.05	DM	04/20/2007 09:21
		ACENAPHTHYLENE	1.1	ug/L	0.05		
		ANTHRACENE	0.8	ug/L	0.05		
		BENZO(a)ANTHRACENE	11.5	ug/L	0.05		
		BENZO(a)PYRENE	9.9	ug/L	0.05		
		BENZO(b)FLUORANTHENE	7.7	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	6.9	ug/L	0.05		
		BENZO(k)FLUORANTHENE	12.3	ug/L	0.05		
		CHRYSENE	12.2	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	4.7	ug/L	0.05		
		FLUORANTHENE	22.7	ug/L	0.05		
		FLUORENE	1.1	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	4.9	ug/L	0.05		
		NAPHTHALENE	3.4	ug/L	0.05		
		PHENANTHRENE	5.8	ug/L	0.05		
		PYRENE	21.8	ug/L	0.05		
		Surrogate: 2-Fluorobiphenyl	85.6 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	80.0 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	74.3 %	%RECOVERY	50-150		

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Authorized for Release By:

*Charles Morrow*

Charles Morrow - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-5355 E-mail: cilabqa@ColumbiaInspection.com

Koppers002934

**CI****CERTIFICATE OF ANALYSIS**

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3863

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3681  
FAX: (503) 285-2831

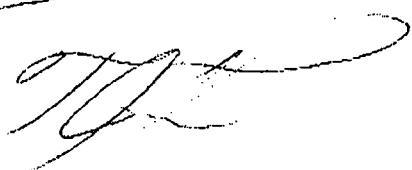
SUBMITTED: 04/19/07 08:25

REPORT DATE: 04/23/07 10:52

REPORT NUMBER: 7041901

PAGE 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX			
7041901-01	Stormwater Tanks	04/19/2007	0730	Water			
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
7041901-01	SAMPLE ID: Stormwater Tanks						
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1664	TOTAL OIL AND GREASE	4.8	mg/l.	2.0	JRM	4/20/2007 11:06
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/l.	0.050	DAL	4/19/2007 15:12
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNM 826	EPA 826 (SIM)	ACENAPHTHENE	3.7	ug/l.	0.06	DM	4/20/2007 09:11
		ACENAPHTHYLENE	1.1	ug/L	0.05		
		ANTHRACENE	0.8	ug/L	0.05		
		BENZO(a)ANTHRACENE	11.5	ug/L	0.05		
		BENZO(a)PYRENE	9.9	ug/L	0.05		
		BENZO(b)FLUORANTHENE	7.7	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	6.9	ug/L	0.05		
		BENZO(k)FLUORANTHENE	12.3	ug/L	0.05		
		CHRYSENE	12.2	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	4.7	ug/L	0.05		
		FLUORANTHENE	22.7	ug/L	0.05		
		FLUORENE	1.1	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	4.9	ug/L	0.05		
		NAPHTHALENE	3.4	ug/L	0.05		
		PHENANTHRENE	5.6	ug/L	0.05		
		PYRENE	21.8	ug/L	0.06		
		Surrogate: 2-Fluorobiphenyl	65.6 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D6	80.0 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	74.3 %	%RECOVERY	50-150		

*Total 130.3*

This report may not be reproduced except in full.

Authorized for Release By:

*Charles Morrow*

Charles Morrow - Laboratory Director



# MONTHLY NPDES - DMR - WORK SHEET

Month & Year: April, 2007

## MONTHLY FLOW DATA

Gallons per  
pumping(all 6  
tanks)

# of pump.

# of Days/Emer. Pump.

Emer. Gals.

Total Gals.

Number of days  
during the month of  
actual discharge

Average "slug"  
discharge per day

220,000

1

0

0

220,000

#DIV/0!

Days of the month:

## SAMPLE TEST RESULTS

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of	ACTUAL			unit
														min.	avg.	max.	Max.	min.	avg.	max.	
Temperature	9.8	11.9											2	n/a	n/a	n/a	n/a	9.8	10.85	11.9	C
PH	7.7	7.7											2	6.0		9.0	n/a	7.7	7.70	7.7	SU
Oil & Grease	4.6												1	0	10	15	12	0.0	4.60	4.6	mg/L
Phenols	ND												1	0.0	0.5	0.7	0.56	0.000	ND	0.000	n

## QUARTERLY PAH SAMPLING

Date sample taken: 4/19/2007 Test Results: 130.30 ug/L  
( Must be less than 1000 ug/L)

5032852831

FROM : KOPPERS

FAX NO. : 5032852831

May. 02 2007 09:16AM P1

**KOPPERS**

FAX TRANSMITTAL

7540 N.W. Saint Helens Rd.  
Portland, Oregon 97210-3663  
Phone: (503) 286-3681  
Fax: (503) 285-2831  
Web Page: [www.koppers.com](http://www.koppers.com)

TO: Tracy Self / S. Flynn

DATE: 5/2/07

FROM: Jean Christensen / Portland

TOTAL # OF PAGES: 6

IF THIS TRANSMITTAL IS IN ERROR, PLEASE CALL 503-286-3681 FAX # 503-285-2831

Koppers002937

*File***KOPPERS**

April 4, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

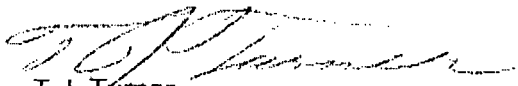
Dear Mr. Zais,

Attached please find subject report for the month of March 07.

For the month, we had four regular discharges of our 220,000 gallon storage tanks, for a total discharge of 880,000 gallons. These discharges of 220,000 gallons each were pumped on each of the following days in March: 13<sup>th</sup>, 14<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

MONTHLY NPDES - DMR - WORK SHEET

Month &amp; Year: March, 2007

MONTHLY FLOW DATA

<u>Gallons per pumping(all 6 tanks)</u>	<u># of pump.</u>	<u># of Days/Emer. Pump.</u>	<u>Emer. Gals.</u>	<u>Total Gals.</u>	<u>Number of days during the month of actual discharge</u>	<u>Average "slug" discharge per day</u>
220,000	4	0	0	880,000		#DIV/0!

Days of the month:

SAMPLE TEST RESULTS

													# of Samples	LIMITS			80% of Max.	ACTUAL			unit
	1	2	3	4	5	6	7	8	9	10	11	12		min.	avg.	max.		min.	avg.	max.	
Temperature	11.7	11.6	11.5	11.8	11.0	11.7							6	n/a	n/a	n/a	n/a	11.0	11.55	11.8	C
PH	7.7	7.8	7.2	7.7	7.9	7.8							6	6.0		9.0	n/a	7.2	7.68	7.9	SU
Oil & Grease	2.2	0.0											2	0	10	15	12	0.0	1.10	2.2	mg/L
Phenois	0.052												1	0.0	0.5	0.7	0.56	0.052	0.052	0.052	mg/L

QUARTERLY PAH SAMPLING

Date sample taken:

 Test Results: \_\_\_\_\_ ug/L  
 ( Must be less than 1000 ug/L)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **Koppers Inc.**ADDRESS **7540 Nw Saint Helens Road  
Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-13)

(17-13)

OR-000077-9

001

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

Approval expires 03-31-98

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

FACILITY LOCATION **Northwest Terminal  
Multnomah County**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	1	07	03	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

PARAMETER (32-37)		(2 Card Only) (46-53)			(4 Card Only) (38-45)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				11.0	11.55	11.8	°C		1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.2	7.68	7.9	SU		1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				0.0	1.10	2.2	mg/l		1/7	GRAB
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				0.052	0.052	0.052	mg/l		1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. § 1001 AND 33 U.S.C. § 1312. (Penalties under these statutes may include fines up to \$25,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
Leslie S. Hyde		(503) 286-3681	07	04	04	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

5032852831

FROM : KOPPERS

FAX NO. : 5032852831

File  
Mar. 05 2007 11:48AM P1

**KOPPERS**

FAX TRANSMITTAL

7540 N.W. Saint Helens Rd.  
Portland, Oregon 97210-3663  
Phone: (503) 286-3681  
Fax: (503) 285-2831  
Web Page: [www.koppers.com](http://www.koppers.com)

TO: Tract Self

DATE: 3/5/07

FROM: Portland TJ Turner

TOTAL # OF PAGES: 4

IF THIS TRANSMITTAL IS IN ERROR, PLEASE CALL 503-286-3681 FAX # 503-285-2831

Koppers002941

# KOPPERS

March 5, 2007

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

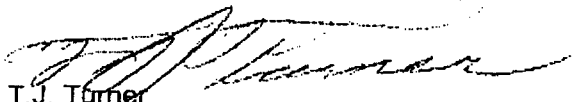
Dear Mr. Zais,

Attached please find subject report for the month of February 07.

For the month, we had four regular discharges of our 220,000 gallon storage tanks, for a total discharge of 880,000 gallons. These discharges of 220,000 gallons each were pumped on each of the following days in February: 14<sup>th</sup>, 15<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,



T.J. Turner  
Plant Superintendent

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

Koppers002942

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **Keppers Inc.**  
 ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-18)

**OR-00077-9**  
 PERMIT NUMBER  
**001**  
 DISCHARGE NUMBER

47430  
 101642

Form Approved  
 OMB No. 2040-0004  
 Approval expires 05-31-98

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	02	01	07	02	28
FROM (20-21) (22-23) (24-25)			TO (25-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				6.8	8.0	9.3	°C		1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.5	7.7	7.8	SU		1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				2.4	4.7	7.0	mg/l		1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				0.13	0.13	0.13	mg/l		1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1012. (Penalties under these statutes may include fines up to \$10,000 and a maximum term of imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Leslie S. Hyde		(503) 286-3681	07	03	05	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Seif, KI; S. Flynn, KI



**MONTHLY NPDES - DMR - WORK SHEET**

Month &amp; Year: February, 07

**MONTHLY FLOW DATA**

<u>Gallons per pumping(all 6 tanks)</u>	<u># of pump.</u>	<u># of Days/Emer. Pump.</u>	<u>Emer. Gals.</u>	<u>Total Gals.</u>	<u>Number of days during the month of actual discharge</u>	<u>Average "slug" discharge per day</u>
220,000	4	0	0	880,000		#DIV/0!

Days of the month:

**SAMPLE TEST RESULTS**

	1	2	3	4	5	6	7	8	9	10	11	12	# of Samples	LIMITS			80% of Max.	ACTUAL			unit
														min.	avg.	max.		min.	avg.	max.	
Temperature	9.3	8.5	8.3	7.1	7.7	6.8							6	n/a	n/a	n/a	n/a	6.8	8.0	9.3	C
PH	7.7	7.7	7.5	7.8	7.7	7.8							6	6.0		9.0	n/a	7.5	7.7	7.8	SU
Oil & Grease	7.0	2.4											2	0	10	15	12	2.4	4.7	7.0	mg/L
Phenols	0.13												1	0.0	0.5	0.7	0.56	0.13	0.13	0.13	mg/L

**QUARTERLY PAH SAMPLING**

Date sample taken:

Test Results:

ug/L

( Must be less than 1000 ug/L)

File



December 7, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Fourth Ave. Suite 400  
Portland, OR 97201-4987

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

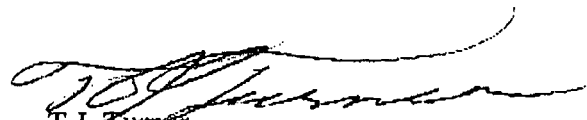
Dear Mr. Zais,

Attached please find subject report for the month of November 2006. Also, attached please find the 4<sup>th</sup> quarter PAH test results.

For the month, we had eight regular discharges of our 220,000 gallon storage tanks, for a total discharge of 1,760,000 gallons. These discharges of 200,000 gallons each were pumped on each of the following days in November: 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 22<sup>nd</sup>, and 24<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at 503-286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
T.J. Turner  
General Foreman

Post-it® Fax Note	7671	Date	12/7/06	# of pages	2
To	Tracy Self	From	TJ		
Co./Dept.		Co.	KOPPERS		
Phone #		Phone #			
Fax #	412 227 2423	Fax #			

Cc: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **Koppers Inc.**  
 ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-18)

(17-19)

OR-000077-9

001

PERMIT NUMBER

DISCHARGE NUMBER

47430

101642

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98


FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 06	11	1	TO 06	11	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			(46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT			GPD						0	N/A	CALC.	
SEE COVER LETTER	PERMIT REQUIREMENT												
TEMPERATURE	SAMPLE MEASUREMENT				9.2	12.9	17.6	°C	0	1/7	GRAB		
	PERMIT REQUIREMENT				N/A	N/A	N/A						
PH	SAMPLE MEASUREMENT				7.2	7.4	7.6	SU	0	1/7	GRAB		
	PERMIT REQUIREMENT				6.0		9.0						
OIL & GREASE	SAMPLE MEASUREMENT				0.0	1.0	3.0	mg/L	0	1/7	GRAB		
	PERMIT REQUIREMENT				0.0	10.0	15.0						
PHENOLS	SAMPLE MEASUREMENT				0.0	0.0	0.0	mg/L	0	1/30	GRAB		
	PERMIT REQUIREMENT				0.0	0.5	0.7						
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INDUSTRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)</small>	TELEPHONE	DATE			
Leslie S. Hyde		 T.J. Turner SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(503) 286-3681	06	12	02
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

Dec. 07 2006 05:03PM P2

FAX NO. : 5032852831

Koppers002946

FROM : KOPPERS

5032852831

FAX NO. : 5032852831

Nov. 02 2006 04:01PM P1

FROM : KOPPERS

**KOPPERS**

Post-It® Fax Note	7671	Date	# of pages 2
To Traci Self		From T. J. Turner	
Co./Dept.		Co.	
Phone #		Phone #	
Fax #		Fax #	

Koppers Inc.  
Carbon Materials and Chemicals  
1540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

November 3, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW North Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

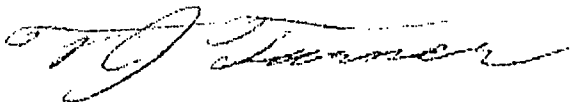
Dear Mr. Zais,

Attached please find subject report for the month of October 2006.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

Koppers002947

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS

FACILITY  
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

47430

101642

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	1		06	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
FLOW	SAMPLE MEASUREMENT			GPD				0	N/A	CALC.		
	PERMIT REQUIREMENT											
TEMPERATURE	SAMPLE MEASUREMENT							0	1/7	GRAB		
	PERMIT REQUIREMENT				N/A	N/A	N/A					
PH	SAMPLE MEASUREMENT							0	1/7	GRAB		
	PERMIT REQUIREMENT				6.0		9.0					
OIL & GREASE	SAMPLE MEASUREMENT							0	1/7	GRAB		
	PERMIT REQUIREMENT				0.0	10.0	15.0					
PHENOLS	SAMPLE MEASUREMENT							0	1/30	GRAB		
	PERMIT REQUIREMENT				0.0	0.5	0.7					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. § 1201 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Leslie S. Hyde												
TYPED OR PRINTED		T.J. Turner						(503) 286-3681		06 11 03		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

**KOPPERS**

Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

October 3, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

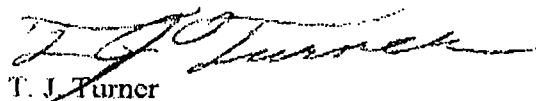
Dear Mr. Zais,

Attached please find subject report for the month of September 2006.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,



T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **Koppers Inc.**  
 ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**OR-000077-9** **001**  
 PERMIT NUMBER DISCHARGE NUMBER

47430

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 06 09 01 06 09 30  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

101642  
☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT							°C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT							SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT							mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT							mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Leslie S. Hyde**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. ACCORDING TO THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 35 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$1,000 and/or maximum imprisonment of between 6 months and 5 years.)

*T. J. Turner*  
**T. J. Turner**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

**(503) 286-3681**

AREA CODE NUMBER

DATE

**06 10 03**

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oct. 03 2006 01:15PM P2

FAX NO. : 5032852831

FROM : KOPPERS

Koppers002950

5032852831

FROM : KOPPERS

FAX NO. : 5032852831

Sep. 06 2006 01:52PM P1

**KOPPERS**

FAX TRANSMITTAL

7540 N.W. Saint Helens Rd.  
Portland, Oregon 97210-3663  
Phone: (503) 286-3681  
Fax: (503) 285-2831  
Web Page: [www.koppers.com](http://www.koppers.com)

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

Post-It® Fax Note 7671		Date <u>9/6/06</u>	# of pages <u>3</u>
To <u>Teach Self</u>	From <u>ST/Pharm</u>		
Co./Dept.	Co.		
Phone #	Phone #		
Fax #	Fax #		

TOTAL # OF PAGES: \_\_\_\_\_

IF THIS TRANSMITTAL IS IN ERROR, PLEASE CALL 503-286-3681 FAX # 503-285-2831



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road  
Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9  
PERMIT NUMBER

001  
DISCHARGE NUMBER

47430  
101642

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

FACILITY LOCATION  
**Northwest Terminal  
Multnomah County**

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
06 08 01 06 08 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				19.7	19.8	19.9	0	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.2	7.3	7.4	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				<0.050	<0.050	<0.050	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 66 U.S.C. § 1901 AND 85 U.S.C. § 1351. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)									
Leslie S. Hyde		T. J. Turner				TELEPHONE		DATE			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				(503) 286-3681		06 09 06			
		AREA CODE				NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
BBB



**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

August 6, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of August 2006, including the third quarter PAH test results.

For the month, we had one regular discharge of our 220,000-gallon storage tanks, for a total discharge of 220,000 gallons. This discharge of 220,000 gallons was pumped on August 25<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T. J. Turner". The signature is fluid and cursive, with a long, sweeping underline.

T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **Koppers Inc.**  
ADDRESS **7540 Nw Saint Helens Road**  
**Portland, Or. 97210-3663**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
**OR-000077-9** **001**  
PERMIT NUMBER DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

47430  
101642

FACILITY LOCATION **Northwest Terminal**  
**Multnomah County**

MONITORING PERIOD  
FROM 

YEAR	MO	DAY
06	08	01

 TO 

YEAR	MO	DAY
06	08	31

  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)				UNITS (54-61)		
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.		
SEE COVER LETTER	PERMIT REQUIREMENT												
TEMPERATURE	SAMPLE MEASUREMENT				19.7	19.8	19.9	°C	0	1/7	GRAB		
	PERMIT REQUIREMENT				N/A	N/A	N/A						
PH	SAMPLE MEASUREMENT				7.2	7.3	7.4	SU	0	1/7	GRAB		
	PERMIT REQUIREMENT				6.0		9.0						
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	mg/L	0	1/7	GRAB		
	PERMIT REQUIREMENT				0.0	10.0	15.0						
PHENOLS	SAMPLE MEASUREMENT				<0.050	<0.050	<0.050	mg/L	0	1/30	GRAB		
	PERMIT REQUIREMENT				0.0	0.5	0.7						
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$12,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
R. D. Collins									(303) 286-3681		06	09	06
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

BBB

FROM : KOPPERS

FAX NO. : 5032852831

Sep. 06 2006 01:22PM P1

Aug 25 06 02:31p

111111111111111111

00000000

**CI****CERTIFICATE OF ANALYSIS  
(DRAFT)**

CLIENT: Koppers Industries, Inc.  
 ATTN: T.J. Turner  
 7540 NW St. Helens Road  
 Portland OR, 97210-3663

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3881

FAX: (503) 285-2831

SUBMITTED: 08/23/06 11:45

REPORT DATE: 08/25/06 15:06

REPORT NUMBER: 6082306

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
6082306-01	DRAFT: Storm Water Tanks	08/23/2006	1100	Water
6082306-02	DRAFT: Storm Water Tanks	08/23/2006	1100	Water
6082306-03	DRAFT: Storm Water Tanks	08/23/2006	1100	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
6082306-01	SAMPLE ID: DRAFT: Storm Water Tanks						
DRAFT: General Bench Analysis							
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	DAU	08/24/2006 14:17

6082306-02	SAMPLE ID: DRAFT: Storm Water Tanks						
DRAFT: Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	ND	ug/L	0.05	DM	08/25/2006 15:16
		ACENAPHTHYLENE	2.5	ug/L	0.05		
		ANTHRACENE	10.1	ug/L	0.05		
		BENZO(a)ANTHRACENE	0.7	ug/L	0.05		
		BENZO(a)PYRENE	0.2	ug/L	0.05		
		BENZO(b)FLUORANTHENE	ND	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	ND	ug/L	0.05		
		BENZO(k)FLUORANTHENE	ND	ug/L	0.05		
		CHRYSENE	0.7	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	ND	ug/L	0.05		
		FLUORANTHENE	7.7	ug/L	0.05		
		FLUORENE	5.8	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	ND	ug/L	0.05		
		NAPHTHALENE	ND	ug/L	0.05		
		PHENANTHRENE	ND	ug/L	0.05		
		PYRENE	5.7	ug/L	0.05		
		Surrogate: 2-Fluorobiphenyl	149 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	90.9 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	142 %	%RECOVERY	50-150		

6082306-03 SAMPLE ID: DRAFT: Storm Water Tanks

DRAFT: General Bench Analysis

O &amp; G, TOTAL (HEM) EPA 1664

TOTAL OIL AND GREASE

ND

mg/L

2.0

JRW

08/25/2006 14:28

Post-It® Fax Note	7671	Date	9/6/06	# of Pages	3
To	Traci Self				
From	TJ Turner				
Co./Dept.	Co.				
Phone #	Phone #				
Fax #	Fax #				

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DRAFT REPORT - DATA SUBJECT TO CHANGE

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph:(503) 286-9484 Fax:(503) 286-5355 E-mail: citabqa@columbiainspection.com



**Koppers Inc.**  
**Carbon Materials and Chemicals**  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

August 1, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of July 2006.

There were on discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T. J. Turner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9 PERMIT NUMBER  
001 DISCHARGE NUMBER

47430

101642

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

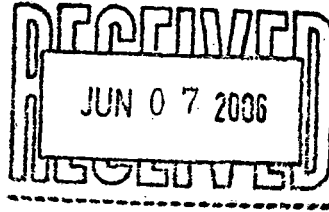
MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
06 07 01 06 07 31

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (48-53)			QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW SEE COVER LETTER				GPD				0	N/A	CALC.
TEMPERATURE					N/A	N/A	N/A	0	1/7	GRAB
PH					6.0		9.0	0	1/7	GRAB
OIL & GREASE					0.0	10.0	15.0	0	1/7	GRAB
PHENOLS					0.0	0.5	0.7	0	1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1325. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
R. D. Collins		503 286-3681	06 08 01			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

**Koppers Inc.****Carbon Materials and Chemicals**

7540 NW Saint Helens Road

Portland, OR 97210-3663

Tel 503 286 3681

Fax 503 285 2831

www.koppers.com

June 6, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of May 2006, including the second quarter PAH test results.

For the month, we had one regular discharge of our 220,000-gallon storage tanks, for a total discharge of 2240,000 gallons. This discharge of 220,000 gallons was pumped on May 25<sup>th</sup> and 28<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 6/7/06
<input checked="" type="checkbox"/>	Logged: 6/7/06 (Initials/date)
<input type="checkbox"/>	Approved: _____ (Initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road

Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-18)

(17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

Form Approved,  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	05	01	06	05	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD				0	N/A	CALC.				
	PERMIT REQUIREMENT													
TEMPERATURE	SAMPLE MEASUREMENT				14.1	15.6	16.7	0	1/7	GRAB				
	PERMIT REQUIREMENT				N/A	N/A	N/A							
PH	SAMPLE MEASUREMENT				7.2	7.4	7.5	0	1/7	GRAB				
	PERMIT REQUIREMENT				6.0		9.0							
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	0	1/7	GRAB				
	PERMIT REQUIREMENT				0.0	10.0	15.0							
PHENOLS	SAMPLE MEASUREMENT				<0.050	<0.050	<0.050	0	1/30	GRAB				
	PERMIT REQUIREMENT				0.0	0.5	0.7							
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE					
R. D. Collins														
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY			
		T. J. Turner						503 286-3681	06	06	06			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI





Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

May 5, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

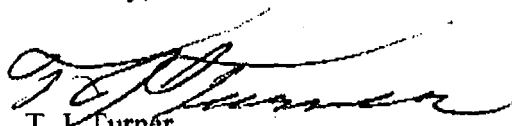
Dear Mr. Zais,

Attached please find subject report for the month of April 2006, including the second quarter PAH test results.

For the month, we had two regular discharges of our 220,000-gallon storage tanks, for a total discharge of 440,000 gallons. This discharge of 220,000 gallons was pumped on April 13<sup>th</sup> and 14<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

Reviewed by	
Approved by	
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File	

Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 5/5/06
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<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road

Portland, OR. 97210-3663

FACILITY Northwest Terminal

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD								
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY	
	06	04	01		06	04	30	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				12.2	13.2	14.1	° C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.8	7.0	7.2	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				<0.050	<0.050	<0.050	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1375. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
R. D. Collins		503, 286-3681	05	05	06
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Quarterly Stormwater Test  
PROJECT NUMBER: quarterly stormwater

PHONE: (503) 286-3681

FAX: (503) 285-2831

SUBMITTED: 04/11/06 09:40

REPORT DATE: 04/13/06 11:13

REPORT NUMBER: 6041102

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
6041102-01	Stormwater Tanks	04/11/2006	0800	Water

SAMPLE/ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
6041102-01 SAMPLE ID: Stormwater Tanks							
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2.0	JRW	04/11/2006 14:27
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	DAU	04/12/2006 11:53
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 625	EPA 825 (SIM)	ACENAPHTHENE	2.1	ug/L	0.05	DM	04/11/2006 23:27
		ACENAPHTHYLENE	0.2	ug/L	0.05		
		ANTHRACENE	0.4	ug/L	0.05		
		BENZO(a)ANTHRACENE	0.5	ug/L	0.05		
		BENZO(a)PYRENE	0.8	ug/L	0.05		
		BENZO(b)FLUORANTHENE	0.7	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	0.6	ug/L	0.05		
		BENZO(k)FLUORANTHENE	0.5	ug/L	0.05		
		CHRYSENE	0.7	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	0.2	ug/L	0.05		
		FLUORANTHENE	2.8	ug/L	0.05		
		FLUORENE	0.3	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	0.4	ug/L	0.05		
		NAPHTHALENE	0.05	ug/L	0.05		
		PHENANTHRENE	0.3	ug/L	0.05		
		PYRENE	1.8	ug/L	0.05		
		Surrogate: 2-Fluorobiphenyl	68.2 %	%RECOVERY	80-150		
		Surrogate: Nitrobenzene-D5	74.9 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	89.9 %	%RECOVERY	50-150		

Total 11.58 ug/L

ORIGINAL

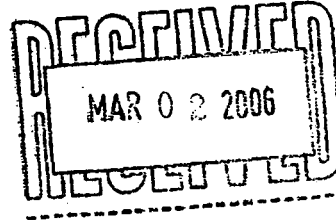
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Authorized for Release By:

Richard D. Reid - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 286-5355 E-mail: cliabqa@Columbiainspection.com

Koppers002963



Koppers Inc.

Carbon Materials and Chemicals

7540 NW Saint Helens Road

Portland, OR 97210-3663

Tel 503 286 3681

Fax 503 285 2831

www.koppers.com

March 1, 2006

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW North Ave., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

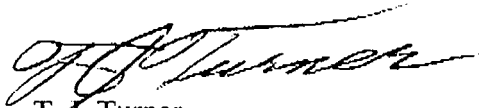
Dear Mr. Zais,

Attached please find subject report for the month of February 2006.

For the month, we had one regular discharge of our 220,000-gallon storage tanks, for a total discharge of 220,000 gallons. This discharge of 220,000 gallons was pumped on February 23rd. There were no excursions during the month.

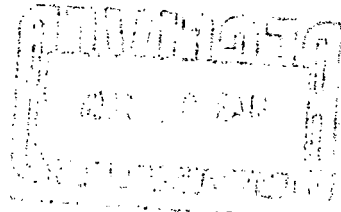
If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
 T. J. Turner  
 General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
 T. Self, KI  
 S. Flynn, KI

Environmental Document Control	
Date Received:	<input type="checkbox"/>
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Approved: (initials)	<input type="checkbox"/>
Copied:	<input type="checkbox"/>
File:	<input type="checkbox"/>



Environmental Dept. Document Control	
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<input checked="" type="checkbox"/>	Logged: 3/2/06 (initials/date)
<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road

Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal

LOCATION Multnomah County

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	02	01	06	02	28
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PARAMETER (32-37)	X	(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-63) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				6.5	6.8	7.1	°C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.0	7.1	7.2	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				5.8	5.8	5.8	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				0.14	0.14	0.14	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1313. (Penalties under these statutes may include fines up to \$20,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
R. D. Collins		503, 286-3681	06	03	01	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI

FROM : KOPPERS

FAX NO. : 5032852831

Mar. 01 2006 01:52PM P3

Feb 23 06 12:10p

Columbia Inspection

5032855355

p. 2



# CERTIFICATE OF ANALYSIS (DRAFT)

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3681

FAX: (503) 285-2831

SUBMITTED: 02/22/06 09:45

REPORT DATE: 02/23/06 10:52

REPORT NUMBER: 6022205

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
6022205-01	DRAFT: Stormwater Tanks	02/22/2006	0800	Water
6022205-02	DRAFT: Stormwater Tanks	02/22/2006	0800	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
6022205-01	SAMPLE ID: DRAFT: Stormwater Tanks						
DRAFT: General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1664	TOTAL OIL AND GREASE	5.8	mg/L	2.0	JRW	02/23/2006 10:36

6022205-02	SAMPLE ID: DRAFT: Stormwater Tanks						
DRAFT: General Bench Analysis							
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.14	mg/L	0.050	DAU	02/23/2006 10:57

This report may not be reproduced except in full.

DRAFT REPORT - DATA SUBJECT TO CHANGE





Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

February 2, 2006

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Footh Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of January 2006. Also, attached please find the 1<sup>st</sup> quarter PAH test results.

For the month, we had eleven regular discharges of our 220,000-gallon storage tanks, for a total discharge of 2,400,000 gallons. These discharges of 220,000 gallons each were pumped on each of the following days in January: 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>, 27<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnerti@koppers.com](mailto:turnerti@koppers.com)

Sincerely,

A handwritten signature in black ink, appearing to read "T. J. Turner".

T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KI  
S. Flynn, KI

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & District)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST TERMINAL  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-15)

(17-18)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

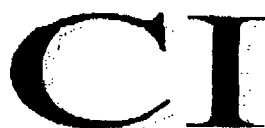
MONITORING PERIOD								
YEAR			MO			DAY		
FROM	06	01	01	TO	06	01	31	
(20-21)			(22-23)			(24-25)		

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (45-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
SEE COVER LETTER	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				8.4	9.6	11.4	°C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				7.0	7.1	7.3	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	0.5	2.6	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				0.13	0.13	0.13	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)</p>	TELEPHONE	DATE			
R. D. Collins		503 286-3681	06	02	02	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; S. Flynn, KI



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3683

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3681

FAX: (503) 286-2831

SUBMITTED: 01/03/06 16:15

REPORT DATE: 01/05/06 07:50

REPORT NUMBER: 6010301

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
6010301-01	Stormwater Tanks	01/02/2006	1500	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
6010301-01	SAMPLE ID: Stormwater Tanks						
General Bench Analysis							
O & G, TOTAL (HEM) EPA 1664		TOTAL OIL AND GREASE	2.6	mg/L	2.0	JRW	01/04/2006 11:30
PHENOLS, TOTAL EPA 420.1		TOTAL RECOVERABLE PHENOLICS	0.13	mg/L	0.050	MES	01/04/2006 16:16
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	8.3	ug/L	0.06	DM	01/04/2006 14:16
		ACENAPHTHYLENE	5.1	ug/L	0.06		
		ANTHRACENE	ND	ug/L	0.06		
		BENZO(a)ANTHRACENE	ND	ug/L	0.06		
		BENZO(a)PYRENE	ND	ug/L	0.06		
		BENZO(b)FLUORANTHENE	ND	ug/L	0.06		
		BENZO(g,h,i)PERYLENE	ND	ug/L	0.06		
		BENZO(k)FLUORANTHENE	ND	ug/L	0.06		
		CHRYSENE	ND	ug/L	0.06		
		DIBENZO(a,h)ANTHRACENE	ND	ug/L	0.06		
		FLUORANTHENE	2.8	ug/L	0.06		
		FLUORENE	ND	ug/L	0.06		
		INDENO(1,2,3-cd)PYRENE	ND	ug/L	0.06		
		NAPHTHALENE	31.5	ug/L	0.06		
		PHENANTHRENE	ND	ug/L	0.06		
		PYRENE	2.0	ug/L	0.06		
		Surrogate: 2-Fluorobiphenyl	71.3 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	57.0 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	88.0 %	%RECOVERY	50-150		

**ORIGINAL**

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Authorized for Release By:

Richard D. Reid - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@ColumbiaInspection.com

Koppers002970



**Koppers Inc.**  
**Carbon Materials and Chemicals**  
 7540 NW Saint Helens Road  
 Portland, OR 97210-3663  
 Tel 503 286 3681  
 Fax 503 285 2831  
 www.koppers.com

January 5, 2006

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW Forth Ave., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of December 2005.

For the month, we had four regular discharges of our 220,000-gallon storage tanks, for a total discharge of 880,000 gallons. These discharges of the 220,000 gallons each were pumped on each of the following days in December: 21<sup>st</sup>, 22<sup>nd</sup>, 29<sup>th</sup> and 30<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T.J. Turner  
 General Foreman

CC: Mr. Elliott J. Zais, Environmental Services	
T. Self, KI	<input type="checkbox"/>
A. Witaszczyk, KI	<input type="checkbox"/>
(initials)	<input type="checkbox"/>
(initials)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 1/10/06
<input checked="" type="checkbox"/>	Logged: 1/10/06-AR (initials/date)
<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

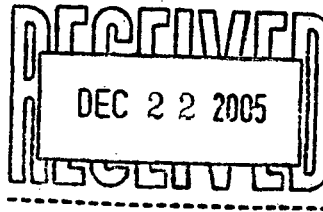
MONITORING PERIOD					
YEAR MO DAY			YEAR MO DAY		
FROM 05	12	01	TO 05	12	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			CPD					0	N/A	CALC.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				6.8	8.4	10.1	°C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.9	7.0	7.2	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				0.076	0.076	0.076	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 40 U.S.C. § 1001 AND 33 U.S.C. § 1915. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of 5 years and 5 years.)</p>	TELEPHONE	DATE			
R. D. Collins		T. J. Turner	503, 286-3681	06	01	05
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KI; A. Witaszczyk

**KOPPERS***Heese*

Koppers Inc.  
 Carbon Materials and Chemicals  
 7540 NW Saint Helens Road  
 Portland, OR 97210-3663  
 Tel 503 286 3681  
 Fax 503 285 2831  
 www.koppers.com

December 6, 2005

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW Forth Ave., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of November 2005.

For the month, we had seven regular discharges of our 220,000-gallon storage tanks, for a total discharge of 1,540,000 gallons. These discharges of the 220,000 gallons were pumped on each of the following days in November: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 9<sup>th</sup>, 29<sup>th</sup> and 30<sup>th</sup>. There were no excursions during the month.

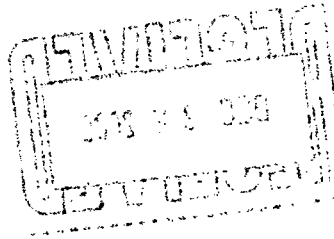
If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T. J. Turner  
 General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
 T. Self, KI  
 A. Witaszczyk, KI

Environmental Data Reporting Control	
Date Received:	<input type="checkbox"/>
Logged:	<input type="checkbox"/>
Approved:	<input type="checkbox"/>
Cell:	<input type="checkbox"/>
Date:	<input type="checkbox"/>



Environmental Dept. Document Control	
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<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

OR-000077-9 001  
PERMIT NUMBER DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	11	01	05	11	30
FROM				TO	
(20-21)		(22-23)		(24-25)	
				(26-27)	
				(28-29)	
				(30-31)	

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			gpd				0	N/A	CALC.
	PERMIT REQUIREMENT									
TEMPERATURE	SAMPLE MEASUREMENT				7.0	11.4	14.9	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A			
PH	SAMPLE MEASUREMENT				7.6	7.2	6.9	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0			
OIL & GREASE	SAMPLE MEASUREMENT				<2.0	<2.0	<2.0	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0			
PHENOLS	SAMPLE MEASUREMENT				<0.05	<0.05	<0.05	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1019. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 5 months and 5 years.)	TELEPHONE		DATE		
R. D. Collins		503, 286-3681		05	12	06
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

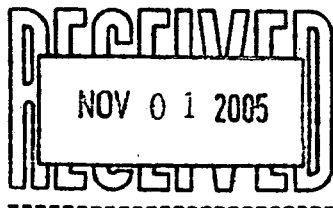
CC: M. Pronold, City of Portland; T. Self, KI; A. Witaszczyk

Dec. 07 2005 10:09AM P2

FAX NO. : 5032852831

FROM : KOPPERS

Koppers002976



Koppers Inc.

Carbon Materials and Chemicals

7540 NW Saint Helens Road

Portland, OR 97210-3663

Tel 503 286 3681

Fax 503 285 2831

www.koppers.com

November 1, 2005

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW FORTH AVE., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of October 2005, including the 4<sup>th</sup> quarter PAH test results.

For the month, we had one regular discharge of our 220,000-gallon storage tanks. The one discharge of the 220,000 gallons was pumped on October 5<sup>th</sup>. There were no excursions during the month.

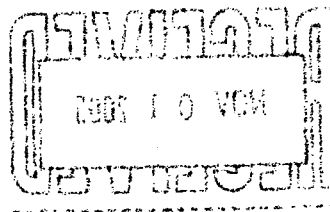
If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T. J. Turner  
 General Foreman

CC: Mr. Pronold, City of Portland, Environmental Services

T. Self, KII	<input type="checkbox"/>
M. Cilley, KII	<input type="checkbox"/>
Approved	<input type="checkbox"/>
Certified	<input type="checkbox"/>
Date	<input type="checkbox"/>



Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 11/11/05
<input checked="" type="checkbox"/>	Logged: 11/11/05 Afe (initials/date)
<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input checked="" type="checkbox"/>	File Date: 11/21/05

Nov. 01 2005 11:48AM P2

FAX NO. : 50328652831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD							
YEAR			MO	DAY	YEAR		
FROM	05	10	01	TO	05	10	31
(20-21)			(22-23)	(24-25)	(26-27)		(28-29) (30-31)

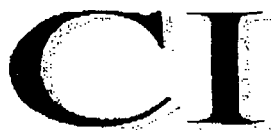
PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (48-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				14.6	15.7	16.8		0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.8	7.1	7.3		0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				<0.0	<0.0	<0.0		0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0	mg/L			
PHENOLS	SAMPLE MEASUREMENT				0.07	0.07	0.07		0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7	mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
R. D. Collins		T. J. Turner	503 286-3681	05	11	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII

Koppers002979



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Stormwater Tanks

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 10/03/05 12:57

REPORT DATE: 10/11/05 10:56

REPORT NUMBER: 5100310

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
5100310-01	Stormwater Tanks	10/03/2005	1257	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
5100310-01 SAMPLE ID: Stormwater Tanks							
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1864	TOTAL OIL AND GREASE	ND	mg/L	2.0	DR	10/04/2005 17:01
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	0.069	mg/L	0.050	MES	10/04/2005 15:57
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 825	EPA 825 (SIM)	ACENAPHTHENE	0.1	ug/L	0.06	DM	10/04/2005 15:33
		ACENAPHTHYLENE	0.2	ug/L	0.06		
		ANTHRACENE	0.4	ug/L	0.06		
		BENZO(a)ANTHRACENE	1.2	ug/L	0.06		
		BENZO(a)PYRENE	2.5	ug/L	0.06		
		BENZO(b)FLUORANTHENE	2.7	ug/L	0.06		
		BENZO(g,h,i)PERYLENE	3.3	ug/L	0.06		
		BENZO(k)FLUORANTHENE	2.5	ug/L	0.06		
		CHRYSENE	1.9	ug/L	0.06		
		DIBENZO(a,h)ANTHRACENE	0.6	ug/L	0.06		
		FLUORANTHENE	2.2	ug/L	0.06		
		FLUORENE	0.07	ug/L	0.06		
		INDENO(1,2,3-cd)PYRENE	2.6	ug/L	0.06		
		NAPHTHALENE	0.07	ug/L	0.06		
		PHENANTHRENE	0.8	ug/L	0.06		
		PYRENE	2.0	ug/L	0.06		
		Surrogate: 2-Fluorobiphenyl	96.8 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D15	84.2 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	82.1 %	%RECOVERY	50-150		

Total 23.14

**ORIGINAL**

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Authorized for Release By:

Richard D. Reid - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@columbiainspection.com

Koppers002980



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

October 3, 2005

Koppers Industries, Inc.  
Amos Kameroner  
7540 NW St. Helen's Rd.  
Portland, OR 97210

Re: Stormwater discharge to City of Portland sewer system.

Dear Mr. Kameroner:

In response to your request for stormwater discharge to the City sewer system dated September 28, 2005; the city has discharge limits that will need to be met before discharge can be allowed. The following is the current local limitations in effect at this time.

Pollutant Name	Local Limit Daily Max (mg/L)	10/26/05 Sample Test Results
<b>METALS</b>		
Arsenic	0.2	ND
Cadmium	0.7	ND
Chromium	5.0	ND
Copper	3.7	1.0
Lead	0.7	0.03
Mercury	0.010	0.00011
Molybdenum	1.4	ND
Nickel	2.8	ND
Selenium	0.6	ND
Silver	0.4	ND
Zinc	3.7	0.39
<b>NON-METALS (INORGANICS)</b>		
Cyanide	4.7-1.2	ND
pH	5.0-11.5 su	
Sulfide	4.0	ND

**NON-METALS (ORGANICS)**

1,2-Dichloroethane	0.50	NO
2,4-Dinitrotoluene	0.13	NO
Acrylonitrile	1.00	NO
Chlordane	0.03	NO
Chlorobenzene	0.20	NO
Chloroform	0.20	NO
Nitrobenzene	2.00	NO
Pentachlorophenol	0.04	NO
Trichloroethylene	0.20	NO
Non-polar Oil & Grease	110	NO

Sampling listed in your submittal indicated high readings for Selenium; 6.9 mg/l and for Zinc, 6.3 mg/l. Benzene at 29 mg/l would also be a concern. If you want to consider pretreating the discharge to local limitations you may apply for a permit at any time. I am also enclosing a copy of the City Code which includes the local limits for your review.

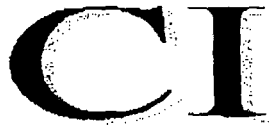
If you have comments or questions as you read through the materials, please do not hesitate to contact me at 823-7230.

Respectfully,



Ann O'Roke, Permit Manager  
Industrial Source Control Division

Cc: Industry File



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: T.J. Turner  
7540 NW St. Helens Road  
Portland OR, 97210-3663

PROJECT NAME: Boiler Blowdown Water Test

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 10/26/05 12:05

REPORT DATE: 11/08/05 15:56

REPORT NUMBER: 5102604

PAGE: 1 OF 4

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX
5102604-01	Boiler Blowdown Grab Sample	10/26/2005	1000	Water

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
<b>5102604-01 SAMPLE ID: Boiler Blowdown Grab Sample</b>							
<b>General Bench Analysis</b>							
CYANIDE, TOTAL	SM 4600-CN-B-C	CYANIDE	ND	mg/L	0.0030	MES	11/03/2005 10:11
O & G, NP (SGT-HEM)	EPA 1664	NONPOLAR OIL & GREASE	ND	mg/L	2	JRW	11/07/2005 15:12
SULFIDE	EPA 376.1	SULFIDE	ND	mg/L	1.0	MES	11/01/2005 15:58
<b>Total Mercury by Cold Vapor Atomic Fluorescence</b>							
MERCURY CV AF	EPA 245.7/1631	MERCURY	0.00011	mg/L	0.000050	KEL	11/03/2005 12:24
<b>Total Metals by Inductively Coupled Plasma</b>							
ARSENIC - ICP	EPA 200.7/6010B	ARSENIC	ND	mg/L	0.010	KEL	10/27/2005 14:08
CADMIUM - ICP		CADMIUM	ND	mg/L	0.003	KEL	10/27/2005 14:08
CHROMIUM - ICP		CHROMIUM	ND	mg/L	0.005	KEL	10/27/2005 14:08
COPPER - ICP		COPPER	1.0	mg/L	0.005	KEL	10/27/2005 15:58
LEAD - ICP		LEAD	0.030	mg/L	0.005	KEL	10/27/2005 14:08
MOLYBDENUM - ICP		MOLYBDENUM	ND	mg/L	0.005	KEL	10/27/2005 15:58
NICKEL - ICP		NICKEL	ND	mg/L	0.020	KEL	10/27/2005 15:58
SELENIUM - ICP		SELENIUM	ND	mg/L	0.10	KEL	10/27/2005 14:08
SILVER - ICP		SILVER	ND	mg/L	0.010	KEL	10/27/2005 15:38
ZINC - ICP		ZINC	0.39	mg/L	0.003	KEL	10/27/2005 15:58

## Volatile Organics by Gas Chromatography/Mass Spectroscopy

VOC 824 Extended	EPA 824	ACROLEIN	ND	mg/L	0.100	JRW	11/04/2005 10:48
		ACRYLONITRILE	ND	mg/L	0.0100		
		BENZENE	ND	mg/L	0.0005		
		BROMOCHLOROMETHANE	ND	mg/L	0.0005		
		BROMODICHLOROMETHANE	ND	mg/L	0.0005		
		BROMOFORM	ND	mg/L	0.0005		
		CARBON TETRACHLORIDE	ND	mg/L	0.0005		
		CHLOROBENZENE	ND	mg/L	0.0005		
		CHLORODIBROMOMETHANE	ND	mg/L	0.0005		
		CHLOROETHANE	ND	mg/L	0.0005		
		2-CHLOROETHYL VINYL ETHER	ND	mg/L	0.0005		
		tert-BUTYLBENZENE	ND	mg/L	0.0005		
		CHLOROFORM	ND	mg/L	0.0005		
		CHLOROMETHANE	ND	mg/L	0.0005		
		1,2-DICHLOROBENZENE	ND	mg/L	0.0005		
		1,3-DICHLOROBENZENE	ND	mg/L	0.0005		
		1,4-DICHLOROBENZENE	ND	mg/L	0.0005		
		1,1-DICHLOROETHANE	ND	mg/L	0.0005		
		1,2-DICHLOROETHANE	ND	mg/L	0.0005		
		1,1-DICHLOROETHYLENE	ND	mg/L	0.0005		
		1,2-DICHLOROPROPANE	ND	mg/L	0.0005		
		TRANS-1,3-DICHLOROPROPENE	ND	mg/L	0.0005		
		CIS-1,3-DICHLOROPROPENE	ND	mg/L	0.0005		

**ORIGINAL**

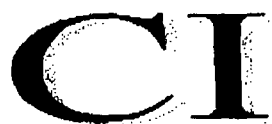
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Authorized for Release By:

David J. Melander For Richard D. Reid - Laborator

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@Columbiainspection.com





# CERTIFICATE OF ANALYSIS

REPORT DATE: 11/08/05 16:23

REPORT NUMBER: 5102604

PAGE: 2 OF 4

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
5102604-01	SAMPLE ID: Boiler Blowdown Grab Sample						
Volatile Organics	by Gas Chromatography/Mass Spectroscopy						
VOC 624 Extended	EPA 624	TRANS-1,2-DICHLOROETHENE	ND	mg/L	0.0005	JRW	11/04/2005 10:48
		CIS-1,2-DICHLOROETHENE	ND	mg/L	0.0005		
		ETHYLBENZENE	ND	mg/L	0.0005		
		METHYL BROMIDE	ND	mg/L	0.0005		
		METHYL CHLORIDE	ND	mg/L	0.0005		
		METHYLENE CHLORIDE	ND	mg/L	0.0005		
		METHYL-TERT-BUTYL ETHER (MTBE)	ND	mg/L	0.0005		
		NAPHTHALENE	ND	mg/L	0.0005		
		STYRENE	ND	mg/L	0.0005		
		1,1,2,2-TETRACHLOROETHANE	ND	mg/L	0.0005		
		TETRACHLOROETHENE	ND	mg/L	0.0005		
		TOLUENE	ND	mg/L	0.0005		
		1,1,1-TRICHLOROETHANE	ND	mg/L	0.0005		
		1,1,2-TRICHLOROETHANE	ND	mg/L	0.0005		
		TRICHLOROETHYLENE	ND	mg/L	0.0005		
		TRICHLOROFLUORMETHANE	ND	mg/L	0.0005		
		VINYL CHLORIDE	ND	mg/L	0.0005		
		DIBROMOMETHANE	ND	mg/L	0.0005		
		1,2-DIBROMOETHANE	ND	mg/L	0.0005		
		1,1,1,2-TETRACHLOROETHANE	ND	mg/L	0.0005		
		M- & P-XYLENE	ND	mg/L	0.0005		
		O-XYLENE	ND	mg/L	0.0005		
		1,2,3-TRICHLOROPROPANE	ND	mg/L	0.0005		
		1,2-DIBROMO-3-CHLOROPROPANE	ND	mg/L	0.0005		
		Surrogate: Dibromofluoromethane	95.5 %	%RECOVERY	50-150		
		Surrogate: Fluorobenzene	70.9 %	%RECOVERY	50-150		
		Surrogate: Chlorobenzene-d5	151 %	%RECOVERY	50-150		
		Surrogate: 1,4-Dichlorobenzene-d4	89.1 %	%RECOVERY	50-150		

## Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy

ACID SEMIVOLS 625 EPA 625

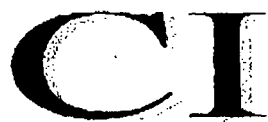
PENTACHLOROPHENOL	ND	mg/L	0.0200	DM	10/27/2005 23:53
Surrogate: Phenol-d6	32.1 %	%RECOVERY	20-150		
Surrogate: 2,4,6-Tribromophenol	102 %	%RECOVERY	50-150		

B/N SEMIVOL 625

ACENAPHTHENE	ND	mg/L	0.00400	DM	10/27/2005 23:53
ACENAPHTHYLENE	ND	mg/L	0.00400		
α-TERPINEOL	ND	mg/L	0.00400		
ANTHRACENE	ND	mg/L	0.00400		
BENZIDINE	ND	mg/L	0.00800		
BENZO(a)ANTHRACENE	ND	mg/L	0.00400		
BENZO(a)PYRENE	ND	mg/L	0.00400		
BENZO(k)FLUORANTHENE	ND	mg/L	0.00400		
BENZO(g,h,i)PERYLENE	ND	mg/L	0.00400		
BENZO(b)FLUORANTHENE	ND	mg/L	0.00400		
BIS(2-CHLOROETHOXY)METHANE	ND	mg/L	0.00400		
BIS(2-CHLOROETHYL)ETHER	ND	mg/L	0.00400		
BIS(2-CHLOROISOPROPYL)ETHER	ND	mg/L	0.00400		
BIS(2-ETHYLHEXYL)PHTHALATE	ND	mg/L	0.00400		
BUTYL BENZYL PHTHALATE	ND	mg/L	0.00400		
4-BROMOPHENYL PHENYL ETHER	ND	mg/L	0.00400		
CARBAZOLE	ND	mg/L	0.00400		
2-CHLORONAPHTHALENE	ND	mg/L	0.00400		
4-CHLOROPHENYL PHENYL ETHER	ND	mg/L	0.00400		
CHRYSENE	ND	mg/L	0.00400		
N-DECANE	ND	mg/L	0.00400		
DIBENZO(a,h)ANTHRACENE	ND	mg/L	0.00400		
3,3-DICHLOROBENZIDINE	ND	mg/L	0.00800		

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Laboratory Director



# CERTIFICATE OF ANALYSIS

REPORT DATE: 11/08/05 16:23

REPORT NUMBER: 5102804

PAGE: 3 OF 4

SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
5102604-01	SAMPLE ID: Boiler Blowdown Grab Sample						
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
B/N SEMVOL 625	EPA 625	1,2-DICHLOROBENZENE:	ND	mg/L	0.00400	DM	10/27/2005 23:53
		1,3-DICHLOROBENZENE:	ND	mg/L	0.00400		
		1,4-DICHLOROBENZENE:	ND	mg/L	0.00400		
		DIETHYL PHTHALATE	ND	mg/L	0.00400		
		DIMETHYL PHTHALATE	ND	mg/L	0.00400		
		DI-N-BUTYL PHTHALATE:	ND	mg/L	0.00400		
		DI-N-OCTYL PHTHALATE:	ND	mg/L	0.00400		
		2,4-DINITROTOLUENE	ND	mg/L	0.00800		
		1,2-DIPHENYLHYDRAZINE (as	ND	mg/L	0.00400		
		AZOBENZENE)					
		2,6-DINITROTOLUENE	ND	mg/L	0.00800		
		FLUORANTHENE	ND	mg/L	0.00400		
		FLUORENE	ND	mg/L	0.00400		
		HEXACHLOROBENZENE:	ND	mg/L	0.00400		
		HEXACHLOROBUTADIENE	ND	mg/L	0.00400		
		HEXACHLOROCYCLOPENTADIENE	ND	mg/L	0.0200		
		HEXACHLOROETHANE	ND	mg/L	0.00400		
		INDENO(1,2,3-cd)PYRENE	ND	mg/L	0.00400		
		ISOPHORONE	ND	mg/L	0.00400		
		NAPHTHALENE	ND	mg/L	0.00400		
		NITROBENZENE	ND	mg/L	0.00400		
		N-NITROSODIMETHYLAMINE	ND	mg/L	0.00400		
		N-NITROSODIPHENYLAMINE	ND	mg/L	0.00400		
		N-NITROSO-DI-N-PROPYLAMINE	ND	mg/L	0.00400		
		N-OCTADECANE	ND	mg/L	0.00400		
		PHENANTHRENE	ND	mg/L	0.00400		
		PYRENE	ND	mg/L	0.00400		
		1,2,4-TRICHLOROBENZENE	ND	mg/L	0.00400		
		Surrogate: 2-Fluorobiphenyl	87.1 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-116	85.1 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	99.4 %	%RECOVERY	50-150		
Semi-Volatile Organics by Gas Chromatography/ECD							
PESTICIDES 625	EPA 625	ALDRIN	ND	mg/L	0.00267	DM	10/27/2005 23:53
		ALPHA-BHC	ND	mg/L	0.00133		
		BETA-BHC	ND	mg/L	0.00267		
		GAMMA-BHC (LINDANE)	ND	mg/L	0.00133		
		DELTA-BHC	ND	mg/L	0.00267		
		4,4-DDD	ND	mg/L	0.00533		
		4,4-DDE	ND	mg/L	0.00267		
		CHLORDANE	ND	mg/L	0.00267		
		4,4-DDT	ND	mg/L	0.00533		
		DIELDRIN	ND	mg/L	0.00267		
		ENDOSULFAN I	ND	mg/L	0.00267		
		ENDOSULFAN II	ND	mg/L	0.00533		
		ENDOSULFAN SULFATE	ND	mg/L	0.00533		
		ENDRIN	ND	mg/L	0.00267		
		ENDRIN ALDEHYDE	ND	mg/L	0.00667		
		ENDRIN KETONE	ND	mg/L	0.00667		
		HEPTACHLOR	ND	mg/L	0.00267		
		HEPTACHLOR EPOXIDE	ND	mg/L	0.00267		
		ALPHA-CHLORDANE	ND	mg/L	0.00267		
		METHOXYCHLOR	ND	mg/L	0.00667		
		GAMMA-CHLORDANE	ND	mg/L	0.00267		
		TOXAPHENE	ND	mg/L	0.0533		

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Authorized for Release By: David J. Melander For Richard D. Reid -

Need 9/28/05  
letter



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

*File 7 B*

October 3, 2005

Koppers Industries, Inc.  
Amos Kameroner  
7540 NW St. Helen's Rd.  
Portland, OR 97210

Re: Stormwater discharge to City of Portland sewer system.

Dear Mr. Kameroner:

In response to your request for stormwater discharge to the City sewer system dated September 28, 2005; the city has discharge limits that will need to be met before discharge can be allowed. The following is the current local limitations in effect at this time.

Pollutant Name	Local Limit Daily Max (mg/L)
<b>METALS</b>	
Arsenic	0.2
Cadmium	0.7
Chromium	5.0
Copper	3.7
Lead	0.7
Mercury	0.010
Molybdenum	1.4
Nickel	2.8
Selenium	0.6
Silver	0.4
Zinc	3.7
<b>NON-METALS (INORGANICS)</b>	
Cyanide	1.2
pH	5.0-11.5 su
Sulfide	4.0

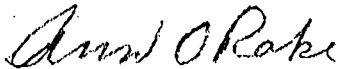
NON-METALS (ORGANICS)

1,2-Dichloroethane	0.50
2,4-Dinitrotoluene	0.13
Acrylonitrile	1.00
Chlordane	0.03
Chlorobenzene	0.20
Chloroform	0.20
Nitrobenzene	2.00
Pentachlorophenol	0.04
Trichloroethylene	0.20
Non-polar Oil & Grease	110

Sampling listed in your submittal indicated high readings for Selenium; 6.9 mg/l and for Zinc, 6.3 mg/l. Benzene at 29 mg/l would also be a concern. If you want to consider pretreating the discharge to local limitations you may apply for a permit at any time. I am also enclosing a copy of the City Code which includes the local limits for your review.

If you have comments or questions as you read through the materials, please do not hesitate to contact me at 823-7230.

Respectfully,



Ann O'Roke, Permit Manager  
Industrial Source Control Division

Cc: Industry File

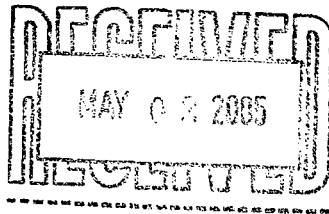
cc: J. Doetz }  
L. Hyde } FAX  
T. Self }  
T. J. TURNER

10/7/05 -

FROM : KOPPERS

FAX NO. : 5032852831

Apr. 28 2005 12:06PM P1



Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
[www.koppers.com](http://www.koppers.com)

May 2, 2005

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW FORTH AVE., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of April 2005, including the second quarter PNAH test results.

During the month, we had one regular discharge of our 220,000-gallon storage tanks. There was one "slug" discharge of the 220,000 gallons, which was pumped over two days April 15<sup>th</sup> and 16<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

*T. J. Turner*  
T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KII  
B. Bauman, KII

Document Control	
Document No.	101642
Revision	1
Author	TJ Turner
Reviewer	TJ Turner
Approved	TJ Turner
Disapproved	
Comments	
Date	5/2/05

Environmental Department Document Control										
<input checked="" type="checkbox"/> Date Received	5/2/05									
<input checked="" type="checkbox"/> Logged:	5/2/05 AG (initials/date)									
<input type="checkbox"/> Exceptions:										
<input type="checkbox"/> Approved:	(initials/date)									
<input type="checkbox"/> Distribution:	<table border="0"> <tr> <td>Leslie</td> <td>John</td> <td>Patrick</td> </tr> <tr> <td>Tim</td> <td>Traci</td> <td>Linda</td> </tr> <tr> <td>Mary</td> <td>Heather</td> <td></td> </tr> </table>	Leslie	John	Patrick	Tim	Traci	Linda	Mary	Heather	
Leslie	John	Patrick								
Tim	Traci	Linda								
Mary	Heather									
<input type="checkbox"/> Copy to:										
<input type="checkbox"/> File	Date: _____									

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME Koppers Industries, Inc.  
ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY LOCATION Northwest Terminal  
Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9 PERMIT NUMBER	001 DISCHARGE NUMBER
------------------------------	-------------------------

47430

101642

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	04	01	05	04	30
(20-21)		(22-23)	(24-25)	(26-27) (28-29) (30-31)	

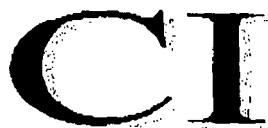
PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW SEE COVER LETTER				GPD					0	N/A	CALC.	
TEMPERATURE					11.0	11.1	11.1	°C	0	1/7	GRAB	
					N/A	N/A	N/A					
PH					6.8	6.9	6.9	SU	0	1/7	GRAB	
					6.0		9.0					
OIL & GREASE					<2.0	<2.0	<2.0	mg/L	0	1/7	GRAB	
					0.0	10.0	15.0					
PHENOLS					<0.05	<0.05	<0.05	mg/L	0	1/30	GRAB	
					0.0	0.5	0.7					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
R. D. Collins								503 286-3681		05 05 02		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY
		T. J. Turner										

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII



dp-  
2005



# CERTIFICATE OF ANALYSIS

CLIENT: Koppers Industries, Inc.  
ATTN: Amos Kamerer  
7540 NW St. Helens Road  
Portland OR, 97210-3863

PROJECT NAME: Stormwater Tests

PHONE: (503) 286-3681  
FAX: (503) 285-2831

SUBMITTED: 04/13/05 08:46

REPORT DATE: 04/15/05 13:53

REPORT NUMBER: 5041301

PAGE: 1 OF 1

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX			
5041301-01	Stormwater Tanks	04/13/2005	0800	Water			
SAMPLE/ ANALYSIS	METHOD	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	TECH	DATE/TIME
5041301-01	SAMPLE ID: Stormwater Tanks						
General Bench Analysis							
O & G, TOTAL (HEM)	EPA 1664	TOTAL OIL AND GREASE	ND	mg/L	2.0	PA	04/14/2005 15:38
PHENOLS, TOTAL	EPA 420.1	TOTAL RECOVERABLE PHENOLICS	ND	mg/L	0.050	MRP	04/13/2005 13:51
Semi-Volatile Organics by Gas Chromatography/Mass Spectroscopy							
PNAH 625	EPA 625 (SIM)	ACENAPHTHENE	ND	ug/L	0.05	ZZZ	04/14/2006 10:59
		ACENAPHTHYLENE	ND	ug/L	0.05		
		ANTHRACENE	ND	ug/L	0.05		
		BENZO(a)ANTHRACENE	ND	ug/L	0.05		
		BENZO(a)PYRENE	ND	ug/L	0.05		
		BENZO(b)FLUORANTHENE	ND	ug/L	0.05		
		BENZO(g,h,i)PERYLENE	0.06	ug/L	0.05		
		BENZO(k)FLUORANTHENE	ND	ug/L	0.05		
		CHRYSENE	ND	ug/L	0.05		
		DIBENZO(a,h)ANTHRACENE	ND	ug/L	0.05		
		FLUORANTHENE	ND	ug/L	0.05		
		FLUORENE	ND	ug/L	0.05		
		INDENO(1,2,3-cd)PYRENE	ND	ug/L	0.05		
		NAPHTHALENE	ND	ug/L	0.05		
		PHENANTHRENE	0.06	ug/L	0.05		
		PYRENE	0.06	ug/L	0.05		
		Surrogate: 2-Fluorobiphenyl	83.1 %	%RECOVERY	50-150		
		Surrogate: Nitrobenzene-D5	79.5 %	%RECOVERY	50-150		
		Surrogate: p-terphenyl-D14	77.0 %	%RECOVERY	50-150		

ORIGINAL

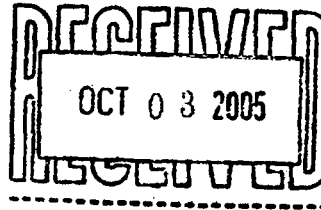
This report may not be reproduced except in full.

Authorized for Release By:

Richard D. Reid - Laboratory Director

COLUMBIA INSPECTION, INC 7133 N. Lombard, Portland, OR 97203 Phone: (503) 286-9464 Fax: (503) 286-5355 E-mail: lab@columbiainspection.com

Koppers002993



Koppers Inc.  
Carbon Materials and Chemicals  
7540 NW Saint Helens Road  
Portland, OR 97210-3663  
Tel 503 286 3681  
Fax 503 285 2831  
www.koppers.com

October 3, 2005

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of September 2005.

There were no discharges during the month, thus, there were no excursions during the month.

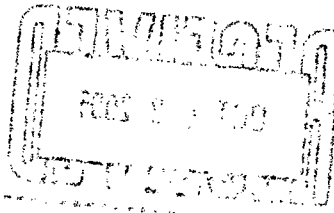
If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services

File	<input type="checkbox"/>
Date	<input type="checkbox"/>
Copy	<input type="checkbox"/>
Approved	<input type="checkbox"/>
Logged	<input type="checkbox"/>
Date Received	<input type="checkbox"/>
T. Self, KII	
M. Cilley, KII	



Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 10/31/05
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<input type="checkbox"/>	Approved: _____ (initials/date)
<input type="checkbox"/>	Copy: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-15) (17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-88

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	05	09	01	TO	05	09	30
(20-21)			(22-23)		(24-25)		
(26-27)			(28-29)		(30-31)		

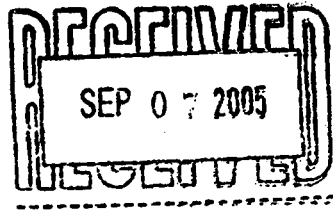
PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT								0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT								0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT								0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0	mg/L			
PHENOLS	SAMPLE MEASUREMENT								0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7	mg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1310. (Penalties under these statutes may include fines up to \$25,000 and or maximum imprisonment of between 6 months and 3 years.)</small>	TELEPHONE	DATE		
R. D. Collins		503, 286-3681	10	03	05
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
T. J. Turner	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII



Koppers Inc.  
 Carbon Materials and Chemicals  
 7540 NW Saint Helens Road  
 Portland, OR 97210-3663  
 Tel 503 286 3681  
 Fax 503 285 2831  
 www.koppers.com

September 6, 2005

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW Forth Ave., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of August 2005.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

  
 T. J. Turner  
 General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
 T. Self, KII  
 M. Cilley, KII

Environmental Dept. Document Control	
Date Received: _____	<input type="checkbox"/>
Logbook (initials/date) _____	<input type="checkbox"/>
Approved (initials/date) _____	<input type="checkbox"/>
Cert: _____	<input type="checkbox"/>
Date: _____	<input type="checkbox"/>



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663

FACILITY NORTHWEST Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

(2-15)

(17-19)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	08	01	05	08	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

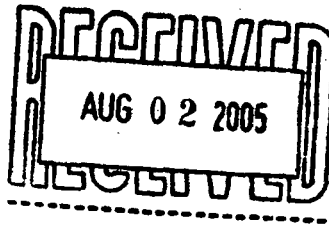
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW SEE COVER LETTER				GPD					0	N/A	CALC.
TEMPERATURE					N/A	N/A	N/A	°C	0	1/7	GRAB
PH					6.0		9.0	SU	0	1/7	GRAB
OIL & GREASE					0.0	10.0	15.0	mg/L	0	1/7	GRAB
PHENOLS					0.0	0.5	0.7	mg/L	0	1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R. D. Collins TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT T. J. Turner	TELEPHONE 503, 286-3681	DATE 09 06 05
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII



**Koppers Inc.****Carbon Materials and Chemicals**

7540 NW Saint Helens Road

Portland, OR 97210-3663

Tel 503 286 3681

Fax 503 285 2831

[www.koppers.com](http://www.koppers.com)

August 2, 2005

Oregon Department of Environmental Quality  
Northwest Region  
2020 SW Forth Ave., Suite 400  
Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
Discharge Monitoring Report

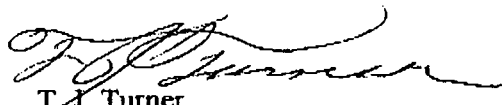
Dear Mr. Zais,

Attached please find subject report for the month of July 2005.

There were no discharges during the month, thus, there were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at:  
[turnertj@koppers.com](mailto:turnertj@koppers.com)

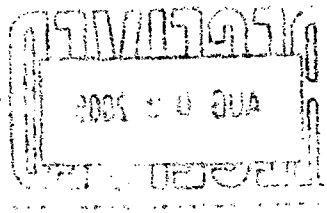
Sincerely,



T. J. Turner  
General Foreman

CC: M. Pronold, City of Portland, Environmental Services  
T. Self, KII  
M. Cilley, KII

<input type="checkbox"/>	File	Date:	
<input type="checkbox"/>	Costs		
<input type="checkbox"/>	Ybtoacq:		(signature)
<input type="checkbox"/>	Costeq:		(signature)
<input type="checkbox"/>	Discharge:		
FOR OFFICIAL USE ONLY			



Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: 8/2/05
<input checked="" type="checkbox"/>	Logged: 8/2/05
<input type="checkbox"/>	Approved: _____
<input type="checkbox"/>	Copied: _____
<input checked="" type="checkbox"/>	File Date: 8/10/05

Aug. 02 2005 09:40AM P2

FAX NO. : 5032852831

FROM : KOPPERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME Koppers Industries, Inc.  
ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663  
FACILITY Northwest Terminal  
LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OR-000077-9  
PERMIT NUMBER  
001  
DISCHARGE NUMBER  
47430

Form Approved  
OMB No. 2040-0004  
Approval expires 05-31-98

101642

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)				
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD				0	N/A	CALC.	
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT							0	1/7	GRAB	
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT							0	1/7	GRAB	
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT							0	1/7	GRAB	
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT							0	1/30	GRAB	
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (Penalties under these statutes may include fines up to \$10,000 and/or medium-term imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
R. D. Collins							503 286-3681		05 08 02		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII

Koppers003002



*Please Jaz  
J File  
8/31/05*

**Koppers Inc.**  
**Carbon Materials and Chemicals**  
 7540 NW Saint Helens Road  
 Portland, OR 97210-3663  
 Tel 503 286 3681  
 Fax 503 285 2831  
 www.koppers.com

July 1, 2005

Oregon Department of Environmental Quality  
 Northwest Region  
 2020 SW Forth Ave., Suite 400  
 Portland, Oregon 97201-4987

Attention: Elliot J. Zais  
 Sr. Environmental Engineer

Reference: NPDES Permit No. 101642  
 Discharge Monitoring Report

Dear Mr. Zais,

Attached please find subject report for the month of June 2005.

During the month, we had one regular discharge of our 220,000-gallon storage tanks. This "slug" discharge of the 220,000 gallons was pumped on June 30<sup>th</sup>. There were no excursions during the month.

If you have any questions, I can be reached at # 503/286-3681 or via e-mail at: [turnertj@koppers.com](mailto:turnertj@koppers.com)

Sincerely,

T.J. Turner  
 General Foreman

Environmental Data Document Control	
CC: M. Pronold, City of Portland, Environmental Services	
T. Self, KII	<input type="checkbox"/>
B. Bauman, KII	<input type="checkbox"/>
(attribution)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Environmental Dept. Document Control	
<input checked="" type="checkbox"/>	Date Received: <u>7/1/05</u>
<input checked="" type="checkbox"/>	Logged: <u>9/1/05</u> <small>(initials/date)</small>
<input type="checkbox"/>	Approved: _____ <small>(initials/date)</small>
<input type="checkbox"/>	Copied: _____
<input type="checkbox"/>	File Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name, Location &amp; Different)

NAME Koppers Industries, Inc.

ADDRESS 7540 NW Saint Helens Road  
Portland, OR. 97210-3663FACILITY NORTHWEST Terminal  
LOCATION Multnomah CountyNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-18)

OR-000077-9

PERMIT NUMBER

001

DISCHARGE NUMBER

47430

101642

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (48-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW SEE COVER LETTER	SAMPLE MEASUREMENT			GPD					0	N/A	CALC.
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT				19.2	19.3	19.4	°C	0	1/7	GRAB
	PERMIT REQUIREMENT				N/A	N/A	N/A				
PH	SAMPLE MEASUREMENT				6.9	6.9	6.9	SU	0	1/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT				5.0	5.0	5.0	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT				0.0	10.0	15.0				
PHENOLS	SAMPLE MEASUREMENT				0.050	0.050	0.050	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT				0.0	0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1718. (Penalties under these statutes may include fines up to \$75,000 and or maximum imprisonment of between 5 months and 5 years.)	TELEPHONE	DATE			
R. D. Collins		503, 286-3681	05	07	01	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CC: M. Pronold, City of Portland; T. Self, KII; B. Bauman, KII